

Status of Performance-Based Contracting Model

(FY2022 Appropriation Act - Public Act 87 of 2021)

March 1, 2022

Sec. 504. (1) *From the funds appropriated in part 1, the department shall continue the master agreement with the West Michigan Partnership for Children Consortium for the fifth year of the planned 5-year agreement to pilot a performance-based child welfare contracting pilot program. The consortium shall consist of a network of affiliated child welfare service providers that will accept and comprehensively assess referred youth, assign cases to members of its continuum or leverage services from other entities, and make appropriate case management decisions during the duration of a case.*

(2) *As a condition for receiving the funding in part 1, the West Michigan Partnership of Children Consortium shall maintain a contract agreement with the department that supports a global capitated payment model. The capitated payment amount shall be based on historical averages of the number of children served in Kent County and for the costs per foster care case. The West Michigan Partnership for Children Consortium is required to manage the cost of the child population it serves. The capitated payment amount shall be reviewed and adjusted no less than twice during the current fiscal year or due to any policy changes implemented by the department that result in a volume of placements that differ in a statistically significant manner from the amount allocated in the annual contract between the department and the West Michigan Partnership for Children Consortium as determined by an independent actuary as well as to account for changes in case volumes and any statewide rate increases that are implemented. The contract agreement requires that the West Michigan Partnership for Children Consortium shall maintain the following stipulations and conditions:*

(a) *That the service component of the capitated payment will be calculated assuming rates paid to providers under the pilot program are generally consistent with the department's payment policies for providers throughout the rest of this state.*

(b) *To maintain a risk reserve of at least \$1,500,000.00 to ensure it can meet unanticipated expenses within a given fiscal year.*

(c) *That until the risk reserve is established, the West Michigan Partnership for Children Consortium shall submit to the department a plan for how they will manage expenses to fit within their capitated payment revenue. The department shall review and approve any new investments in provider payments above statewide rates and norms to ensure they are supported by offsetting savings so that costs remain within available revenue.*

(d) *To cooperate with the department on an independent fiscal analysis of costs incurred and revenues received during the course of the pilot program to date.*

(3) By March 1 of the current fiscal year, the consortium shall provide to the department and the house and senate appropriations subcommittees on the department budget a report on the consortium, including, but not limited to, actual expenditures, number of children placed by agencies in the consortium, fund balance of the consortium, and the outcomes measured.



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The attached report information was provided to the Michigan Department of Health and Human Services by the West Michigan Partnership for Children (WMPC) identifying the status of implementation and actual costs of the performance-based child welfare contracting consortium.

Status of Performance-Based Contracting Model

The Michigan Department of Health and Human Services (MDHHS) and the West Michigan Partnership for Children (WMPC) successfully completed four fiscal years (Fiscal Year 2018 - Fiscal Year 2021) of the Kent County child welfare funding pilot on September 30, 2021, and the first quarter of the fifth Fiscal Year (FY) on December 31, 2021.

The West Michigan Partnership for Children currently receives the majority of its funding through an annual grant agreement with MDHHS which contains State of Michigan General Fund dollars, pass-through dollars from federal grants to the State, and Kent County child care Funds. The WMPC has a subcontract with Network 180 for a Clinical Liaison position. The WMPC manages a grant from the Michigan Health Endowment Fund to implement the trauma-informed Sanctuary Model throughout the Kent County child welfare system, as well as a new grant from Kent County from their Early Childhood millage to fund a parent engagement program.

Number of Children Placed by Agencies in the Consortium

During FY 2021, West Michigan Partnership for Children placed 220 children with the five private foster care agencies and discharged 389 children. Foster care services were provided for a total of 934 children in FY 2021.

West Michigan Partnership for Children intakes increased slightly in FY 2021 to 220 children from 203 children in FY 2020. The disproportionality in intakes show that Black/African American youth were represented nearly three times the rate of the total population in Kent County. This was a decrease from nearly three and one-half times the rate of the total population in FY 2020. The WMPC discharged 21 percent more children in FY 2021 (389) than in FY 2020 (307).

Actual Revenue and Expenditures

For the twelve-month period ending September 30, 2021, on an accrual basis, West Michigan Partnership for Children recognizes \$39,345,183 in revenue, including \$38,975,565 provided through the Child Welfare Continuum of Care Grant, annual grant agreement with MDHHS, and \$369,618 from other grant and millage sources. WMPC had expenditures of \$30,319,956.

Fund Balance

The MDHHS Children's Services Agency (CSA), the Legislature, and State Budget Office (SBO) agreed to a new capitated allocation funding model effective FY21, appropriating \$35,132,600 for foster care services and \$2,000,000 for administrative operations. During FY 2021 an additional \$1,842,965 was appropriated due to statewide rate changes effective on April 1, 2021.

The West Michigan Partnership for Children recognizes a surplus of \$10,062,131, in addition to the \$1,500,000 reserve required under the contract.

Consortium Personnel

In February 2021, Nakia Kyler was hired as the Chief Engagement & Equity Officer

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(CEEEO) at WMPC. A new Parent Engagement Program consists of two newly hired Parent Engagement Specialists, both of whom have lived experience. The program is managed by a previous WMPC care coordinator. The Director of Quality Improvement resigned in September 2021 and was replaced by Kim Batts who started in January 2022. The Director of Care Coordination resigned in October 2021; recruitment and interviewing for that vacancy will be completed by the end of January 2022. The Data Analytics Lead resigned in December 2021 and the position remains open. The Office Administrator and Performance Quality Coordinator positions currently remain open.

Contracts

WMPC included race equity and social justice requirements in its five primary subcontractor contracts to support provision of culturally responsive foster care services. The new contracts require the service providers to foster an equitable, inclusive, and anti-racist workplace. The requirements focus on the following areas: agency and workforce development, addressing racial disparities, workforce diversity, providing equitable and inclusive services, fostering a culture of affirming foster placements, strengthening staff to affirm LGBTQ+ youth in care, and strengthening black, indigenous, and people of color (BIPOC) foster family recruitment efforts. Furthermore, all service providers will require all staff to complete 20 hours of activities focusing on advancing race equity or increasing cultural competency each calendar year.

Consortium Performance Measures

The WMPC network achieved 12 of the 32 performance measure benchmarks for FY 2021. (See Appendix 1, WMPC Authored FY 2021 WMPC Annual Network Performance Report.) The COVID-19 pandemic continues to impact WMPC network performance. For many measures, performance is beginning to trend up to established targets, but they are not as high as pre-pandemic targets.

Monitoring and Evaluation

In FY 2021, WMPC continued to support the external evaluation of the performance-based child welfare system lead by Westat. (See Appendix 2, Michigan 4th Annual Report Executive Summary). WMPC's Director of Performance and Quality Improvement (PQI) held monthly calls and information sharing with evaluation stakeholders.

In August and September 2021, Westat team members held virtual interviews with the WMPC team, local MDHHS, many of the private agency foster care staff, and local court personnel. These interviews are part of the process evaluation and annual report.

WMPC maintained its regular two-year license following audit by the Division of Child Welfare Licensing (DCWL). MDHHS Division of Continuous Quality Improvement (DCQI) also conducted an annual performance review of contractual performance measures.

WMPC maintains its Network Provider accreditation through the Council on Accreditation.

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Governance

The WMPC Board of Directors continues to be comprised of the CEO or a delegate from each of the five private agency consortium member agencies as well as five community members. A board matrix is used to ensure diversity and includes:

- Diversity in race, ethnicity, gender, socioeconomic status, and age.
- Persons with lived experience as a biological parent of a youth in the foster care system, or as a youth in foster care and foster parents.
- Disciplines including education, health, law enforcement, judicial, housing/community development, faith, and business.

This past year several community leaders as well as new partner agency leadership joined the board. Shannon Gardner, Vice President of Community Impact at Heart of West Michigan United Way, and Milinda Ysasi, CEO at GROW (Grand Rapids Opportunities for Women) and City Commissioner for the 2nd Ward of Grand Rapids joined WMPC's board of directors in March 2021. Mary Mulliet, CEO at D.A. Blodgett St Johns, David Bellamy, CEO at Catholic Charities West Michigan, and Dave Gehm, CEO at Wellspring Lutheran Services were added to the board to represent their agencies. The board has two vacancies and recruitment will continue once the sustainability of the organization has been confirmed.

Appendices

- *Appendix 1 – FY2021 WMPC Network Annual Performance Report*
- *Appendix 2 – Michigan 4th Annual Report Executive Summary*



WMPC Network Annual Performance Report

Fiscal Year 2021

Youth Entering Care

220

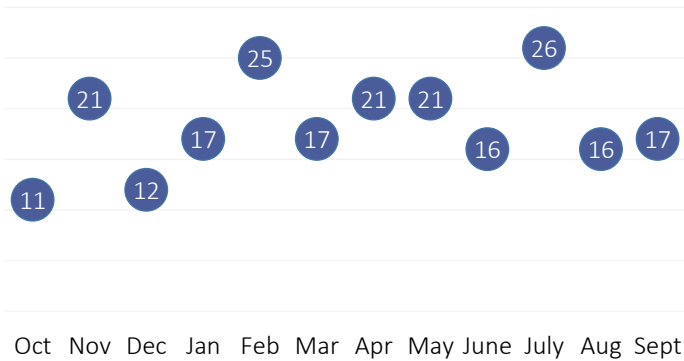
Youth Discharged

389

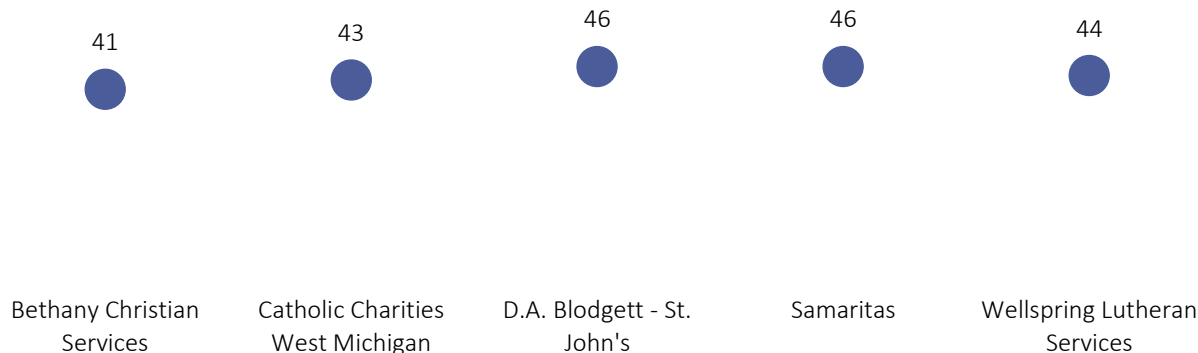
Total Youth in Care

934

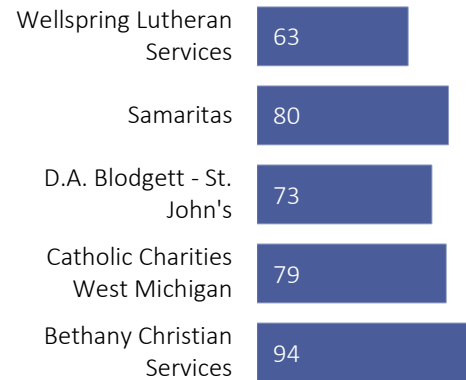
Entering Care by Month WMPC



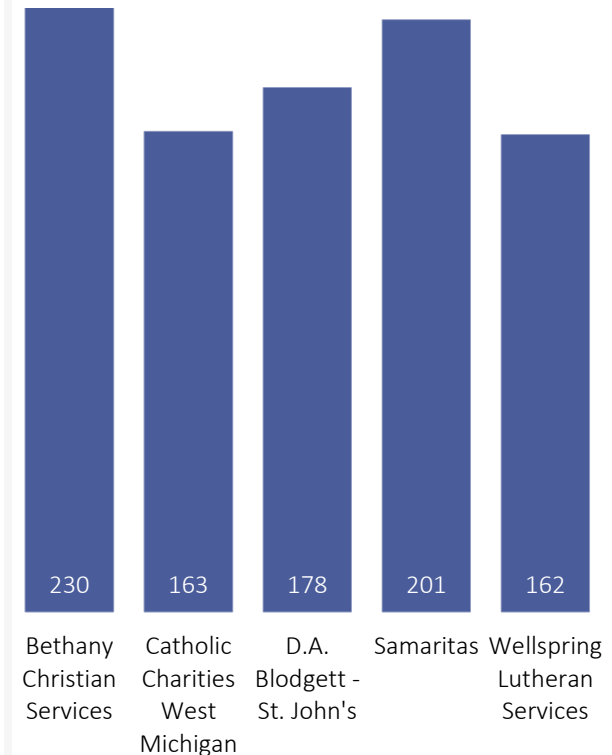
Entering Care by Agency



Discharged by Agency



In Care by Agency



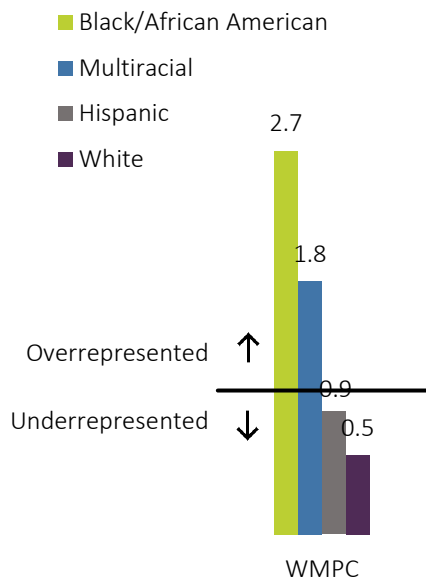
RACE IN FOSTER CARE

Racial Disproportionality Index and Intakes

Disproportionality is the underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage of the total population. WMPC used the total population of Black/African American, Multiracial, Hispanic, and White children ages 0-18 living in Kent County to understand the disproportionality of children in WMPC's care in FY2021.

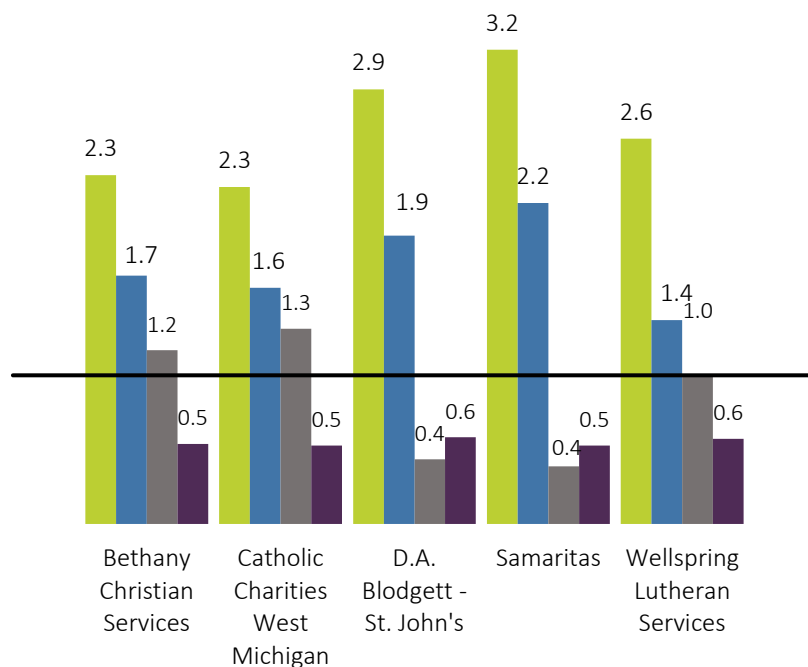
Racial Disproportionality In Care

WMPC had 934 children in foster care this fiscal year. Black/African American and Multiracial children were over-represented compared to the general population's percentage of Black/African American and Multiracial children.



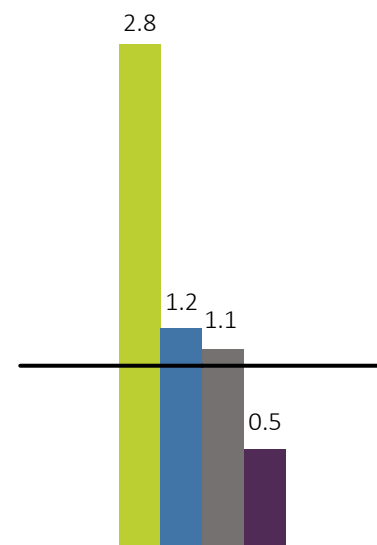
Disproportionality By Agency

Racial disproportionality varied slightly between agencies' children in foster care compared to the general population. Black/African American and Multiracial children were far overrepresented for each agency, while White children were underrepresented.



Disproportionality in Intakes

Black/African American youth were represented nearly three times the rate of the total population in the county. This disproportionality index for intakes is higher than it is for Black/African American children in care, which suggests the disproportionality rate could be increasing if intakes continue this way. White children coming into care were underrepresented.



Note: This analysis excludes 2 Asian child who were in care during this period.

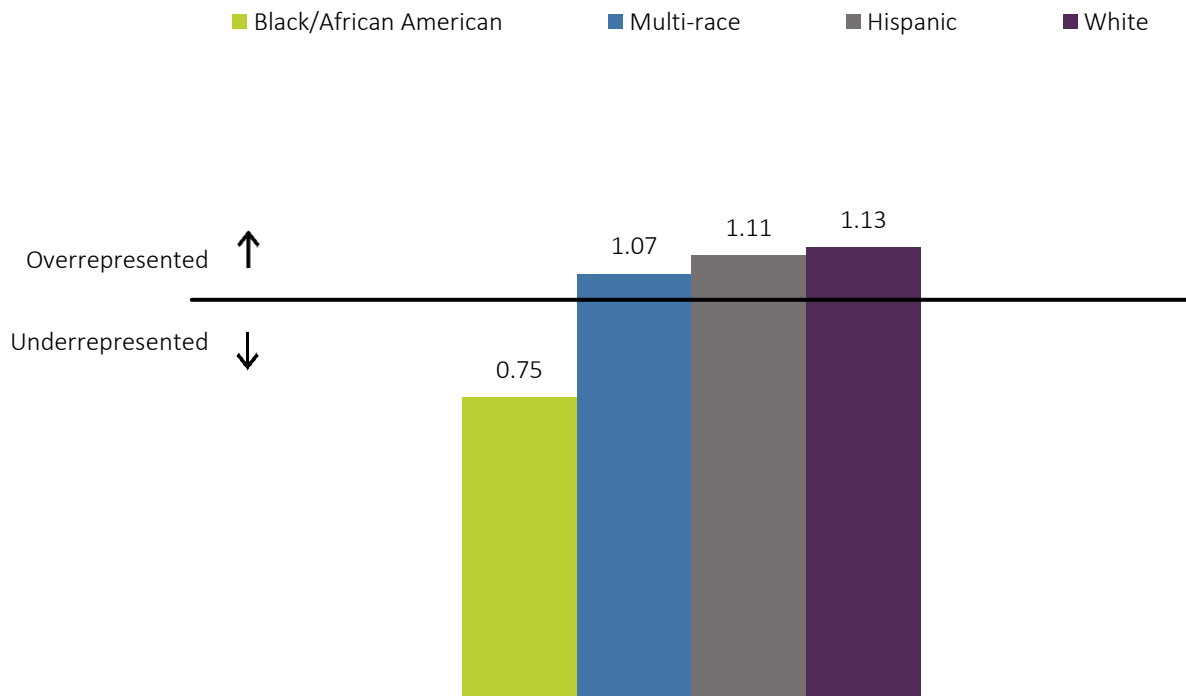
Population Source: 2018 American Community Survey, U.S. Census; Agency Population: Mindshare Active Children Dashboard 10/1/2020-9/30/2021; Accessed 10/15/21

Entering Care Source: Mindshare CPN Intake List 10/1/20 - 9/30/21; Accessed 10/15/21

WMPC used the population of children in care to understand the disproportionality of children discharging foster care for the fiscal year.

Disproportionality in Discharges

WMPC had 389 children discharge from foster care this fiscal year. Black/African American children are discharged at a lower proportion than the representation of Black/African American children in foster care.

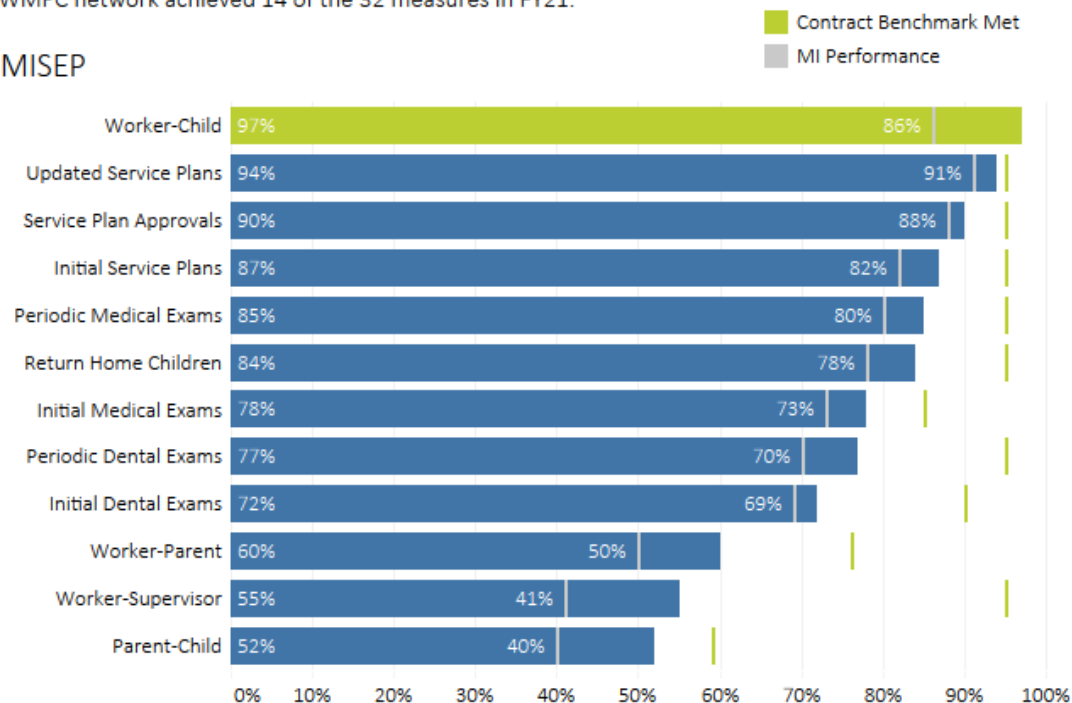


Executive Summary FY21

Measures highlighted in green indicate that the network either achieved the annual benchmark. All data reflects total FY21 performance. The WMPC network achieved 14 of the 32 measures in FY21.

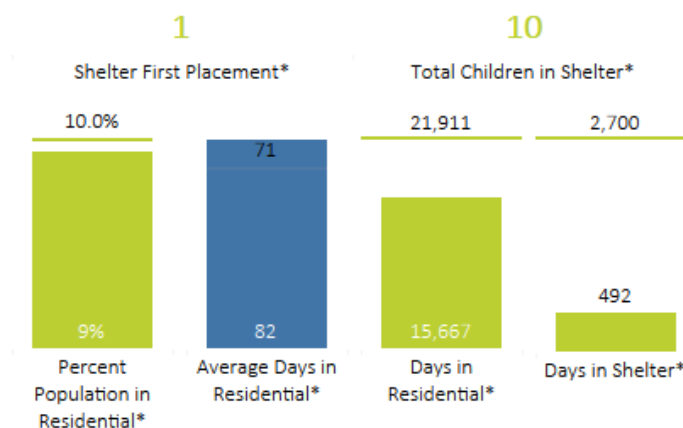


MISEP

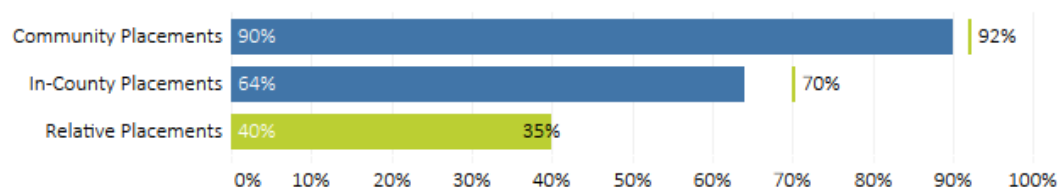


Shelter and Residential Placements

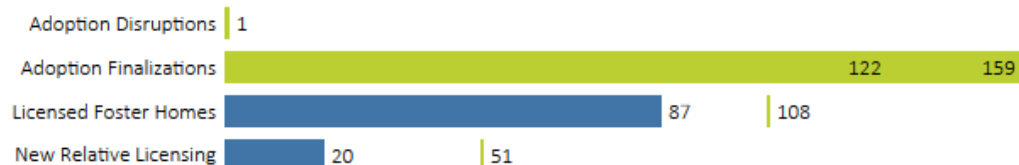
*Performance below the benchmark is better for these measures.



Placements

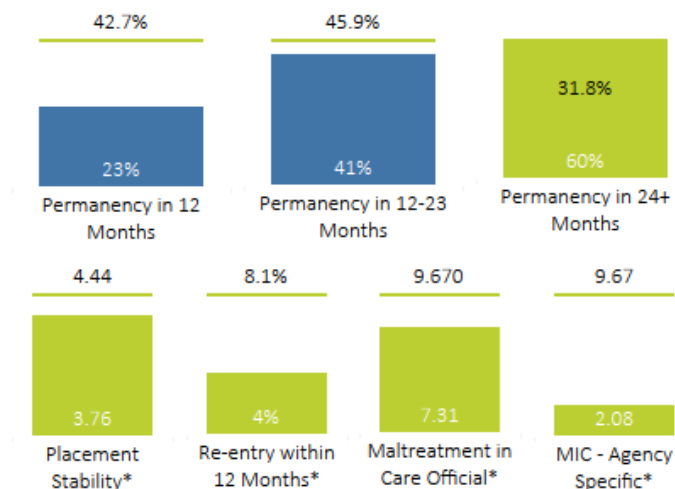


Adoptions and Licenses



Federal Measures

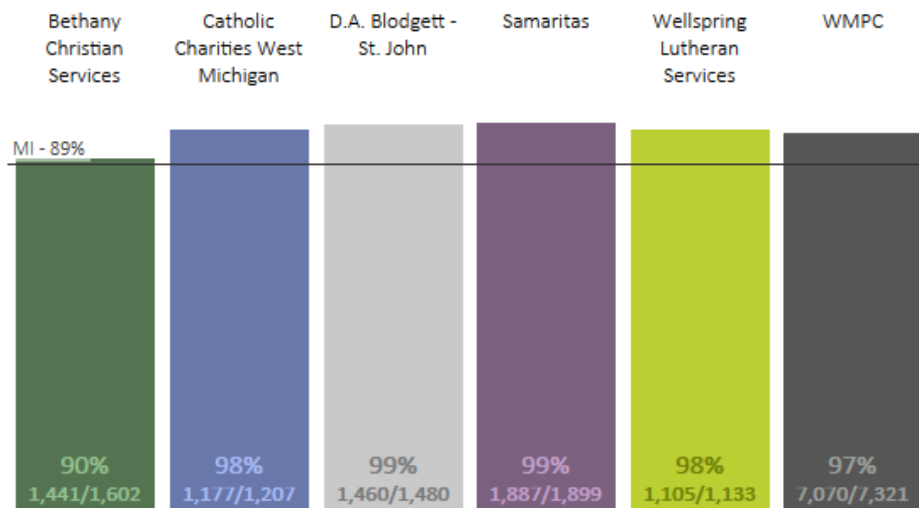
WMPC-level performance with the exception of agency specific MIC.



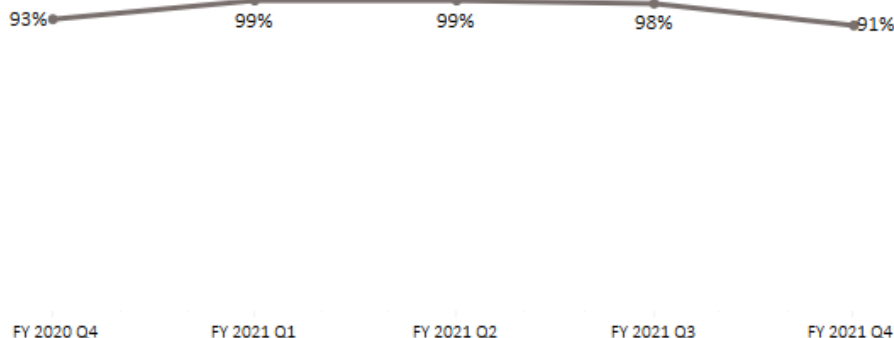
Worker-Child Contacts

At least 95% of children supervised by the Service Provider will be visited by their assigned caseworker.

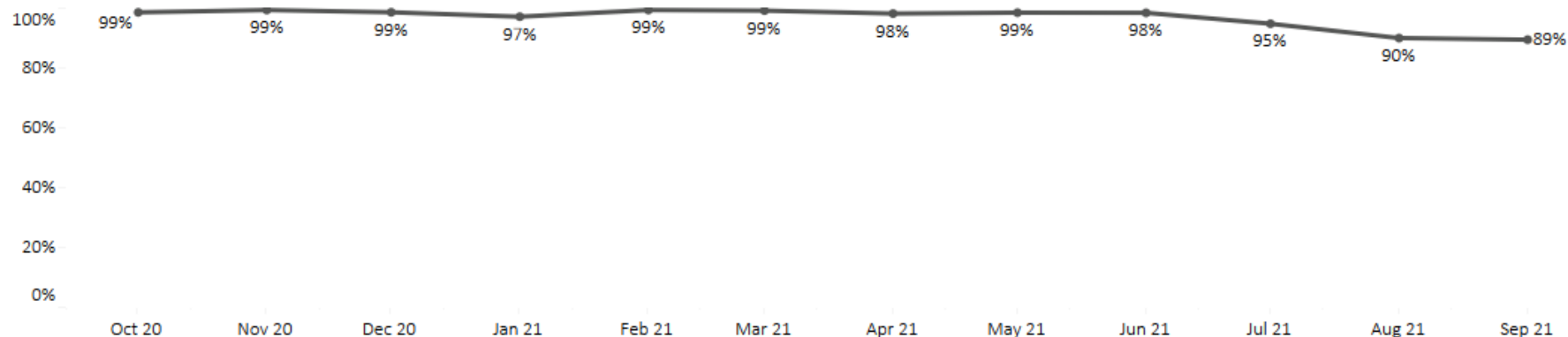
FY21 Annual Performance



WMPC Quarterly Performance



Monthly Performance



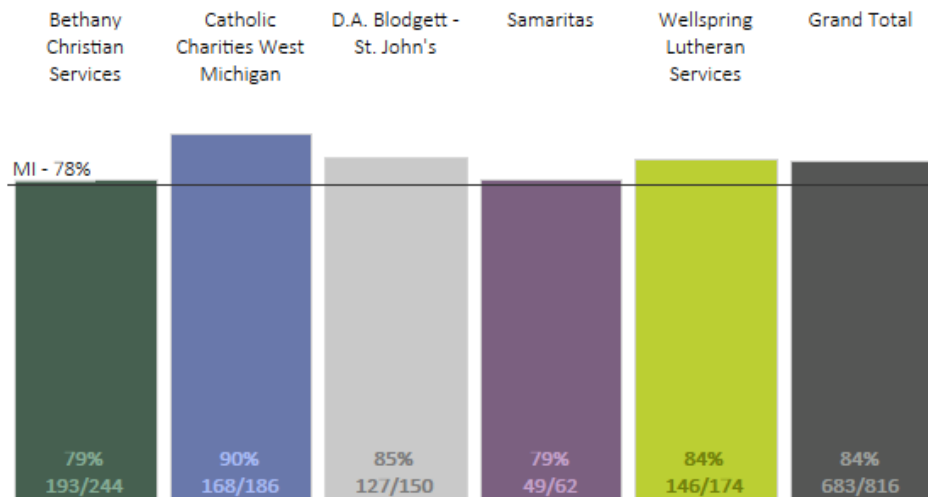
FY21 Annual Performance

Sources: MiSACWIS Social Work Contacts Timeliness InfoView Report, accessed 10/17/21; Kent_RC Spreadsheet for virtual contacts October 2020-June 2021, received 8/3/21; DHHS 6.21 Worker Child Visits Monthly Visit Summary Spreadsheet for virtual contacts July-September 2021, received 10/20/21.
MDHHS Children's Services Agency – MMR Scorecard statewide performance

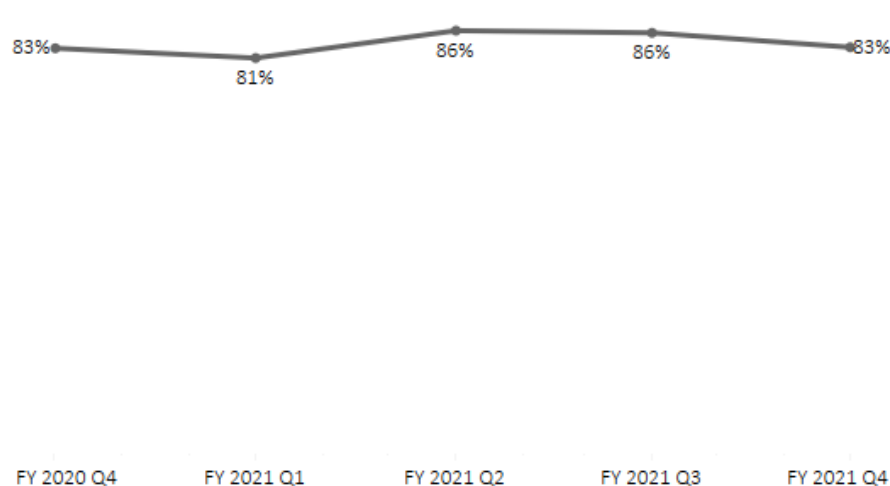
Returned Home Children Contacts

The caseworker must have weekly face-to-face contact in the home with at least 95% of the families (parent/legal guardian and the child) on for the first month following reunification or parental placement, with at least one contact each month being a private meeting between the child and the caseworker.

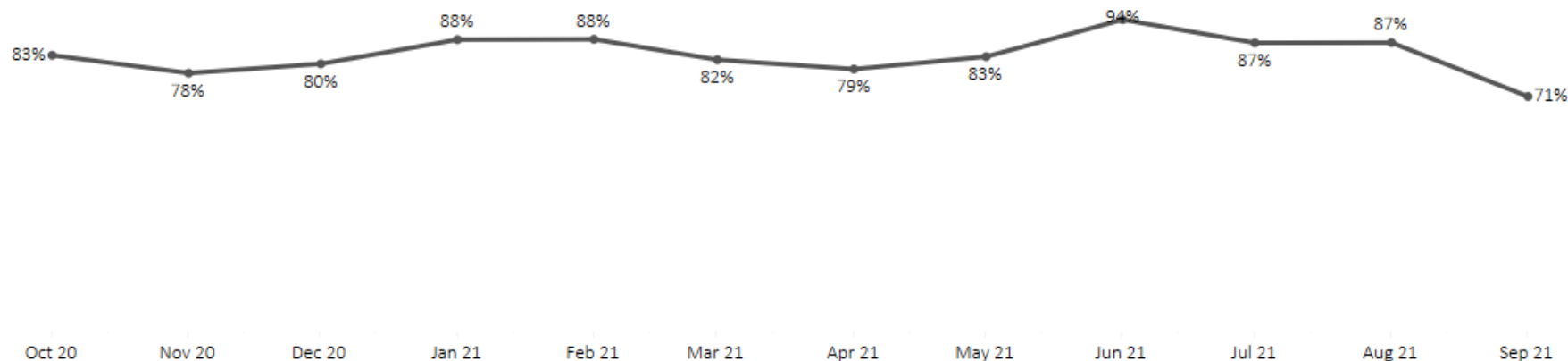
FY21 Performance



WMPC Quarterly Performance



Monthly Performance



FY21 Annual Performance

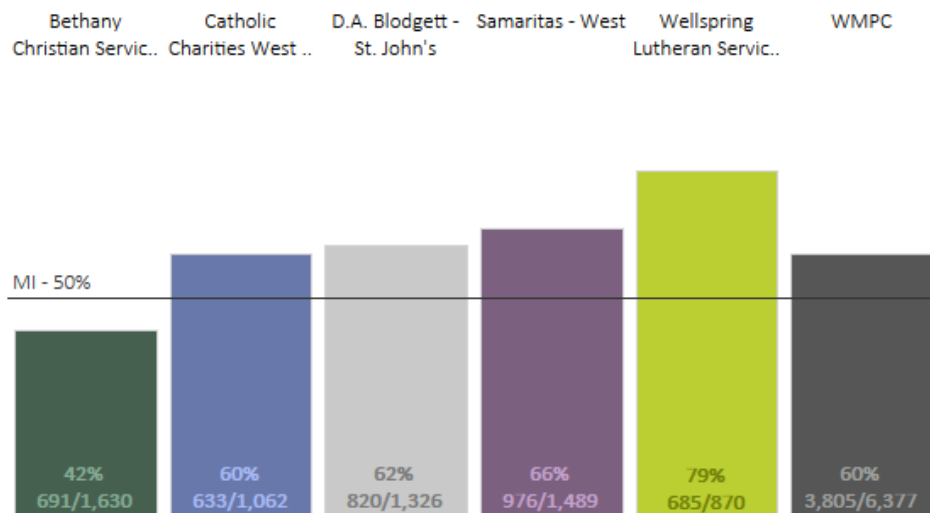
Sources: MISACWIS Social Work Contacts Timeliness InfoView Report, accessed 10/17/21.

Worker-Parent Contacts

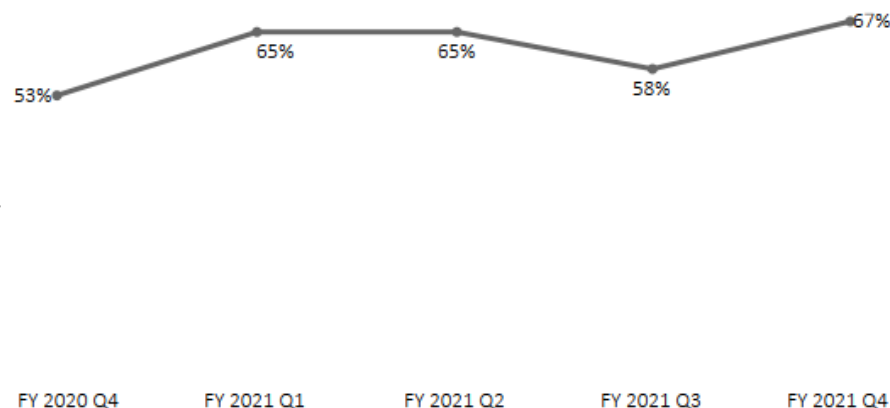
MISEP: At least 85% of parents whose children have a permanency goal of reunification shall have face to face contact by the assigned caseworker in accordance with the guidelines in FOM.

WMPC Amendment: At least 82% of parents whose children have a permanency goal of reunification and are supervised by the Service Provider, shall have face-to-face contact by the assigned caseworker in accordance with the guidelines in FOM by the end of FY22 with annual goals of 71% in FY20, 76% in FY21, and 82% in FY22.

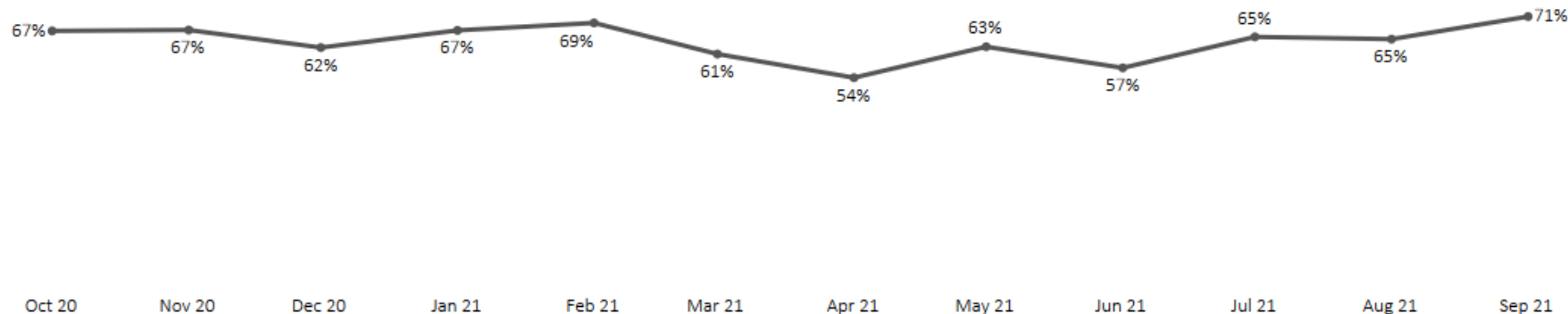
FY21 Performance



WMPC Quarterly Performance



Monthly Performance



FY21 Annual Performance

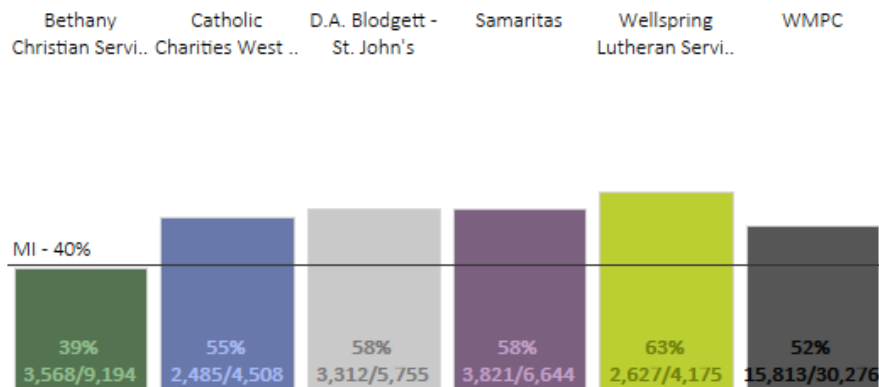
Sources: MiSACWIS Social Work Contacts Timeliness InfoView Report, accessed 10/17/21; DHHS 6.21 Worker Child Visits Monthly Visit Summary Spreadsheet for virtual contacts, received 10/20/21.
MDHHS Children's Services Agency – MMR Scorecard statewide performance

Parent-Child Contacts

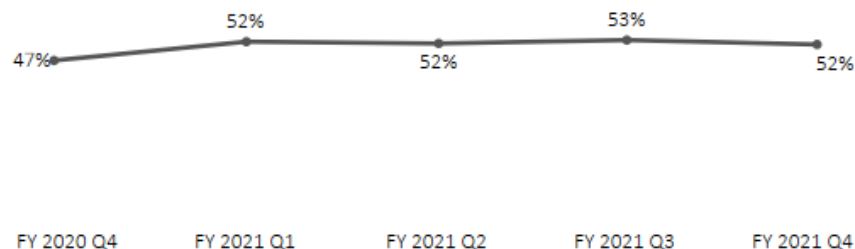
MISEP Description: No fewer than 85% of children with a goal of reunification shall have visitation with their parent(s)

WMPC Amendment: At least 65% of children with a goal of reunification shall have visitation with their parent(s) in accordance with the guidelines in FOM 722-061 Policy by the end of FY22 with annual goals of 55 percent in FY20, 59 percent in FY21, and 65 percent in FY22.

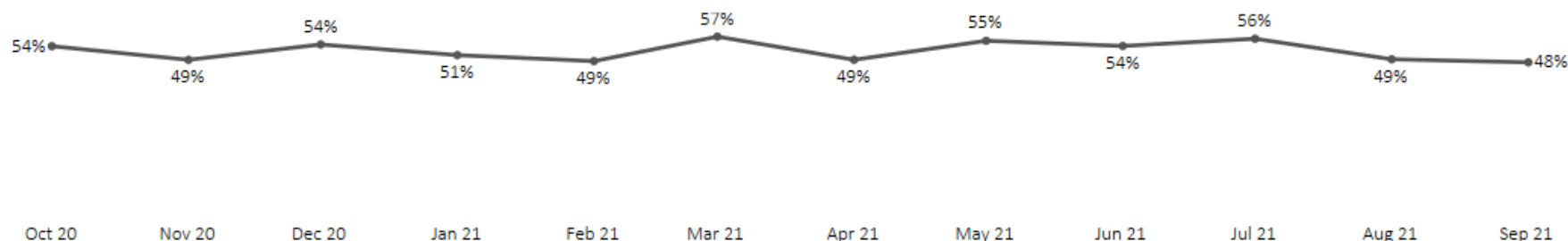
Annual Performance



WMPC Quarterly Performance



Monthly Performance



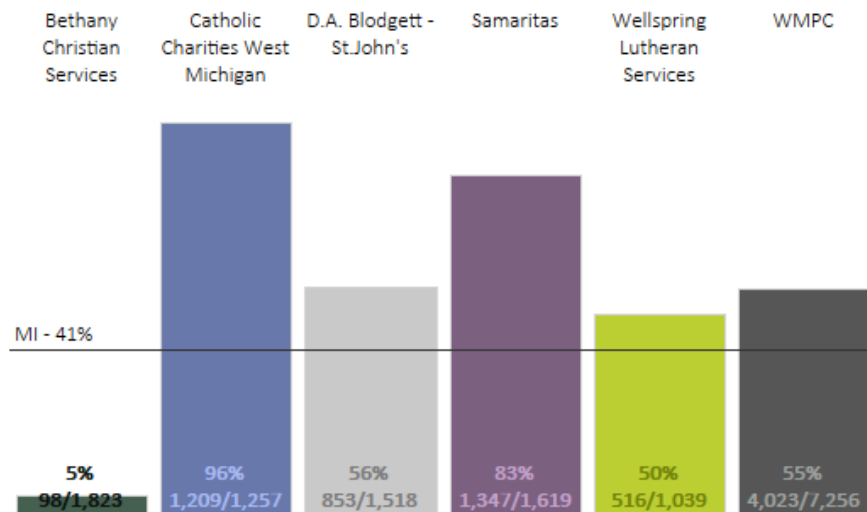
FY21 Annual Performance

Sources: MiSACWIS Social Work Contacts Timeliness InfoView Report, Case Contact Spreadsheet. Retrieved 10/20/21.
MDHHS Children's Services Agency – MMR Scorecard statewide performance

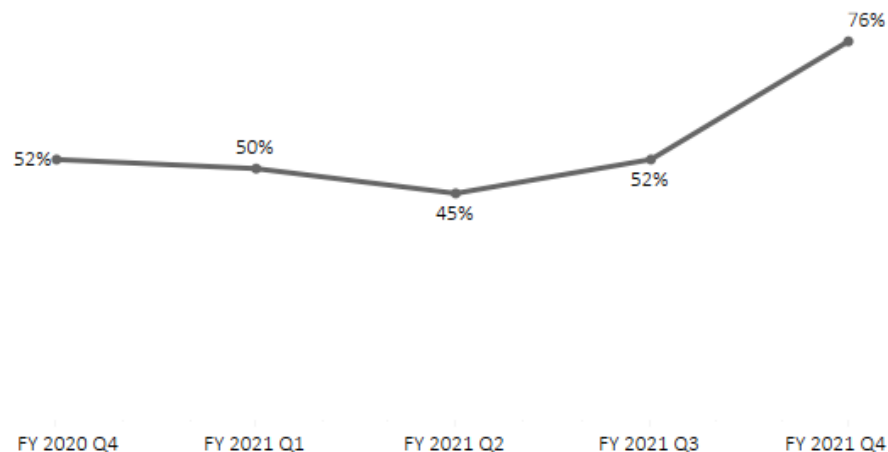
Worker-Supervisor Contacts

At least 95% of caseworkers shall meet at least monthly with their assigned supervisor to review the status and progress of each case on the worker's caseload.

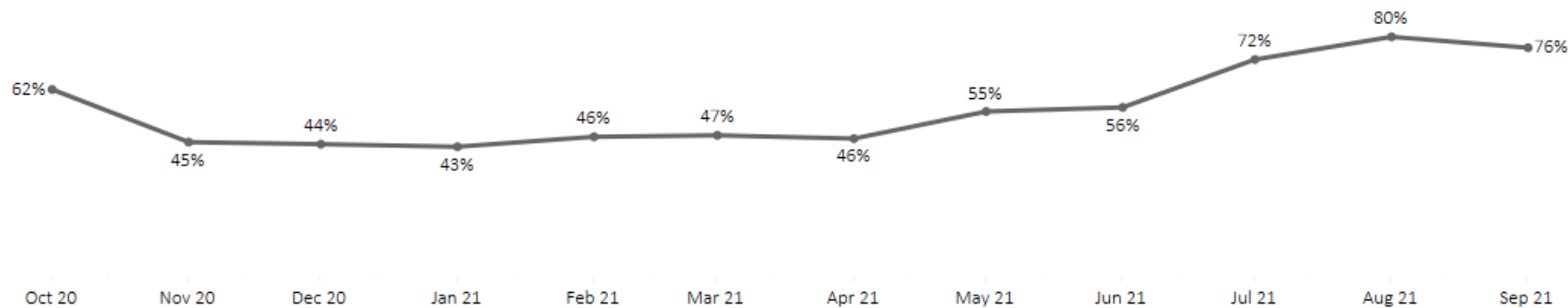
FY21 Performance



WMPC Quarterly Performance



Monthly Performance



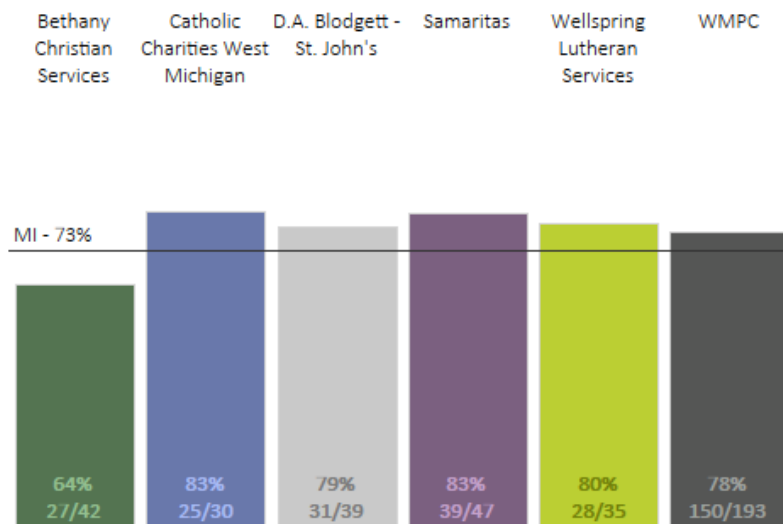
FY21 Annual Performance

Sources: MISACWIS Social Work Contacts Timeliness InfoView Report, accessed 10/17/21.

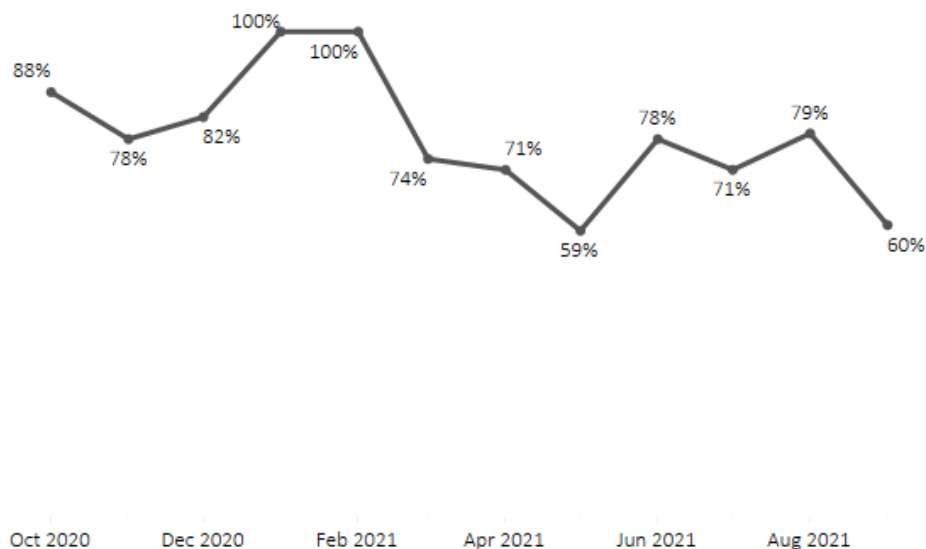
Initial Medical Exams

No fewer than 85% of children supervised by the Service Provider will have an initial medical exam within 30 days of removal.

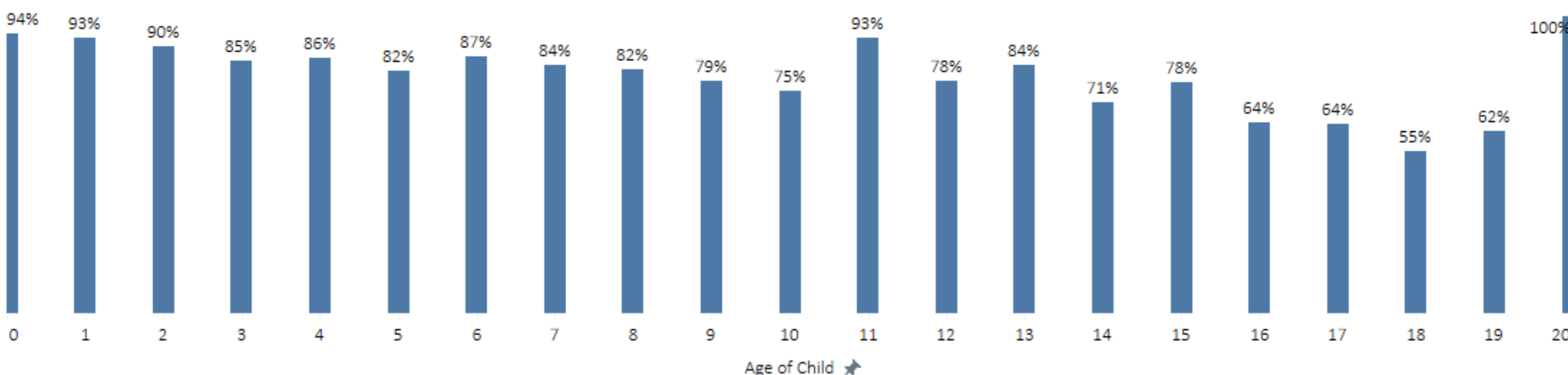
Annual Performance



Monthly Performance



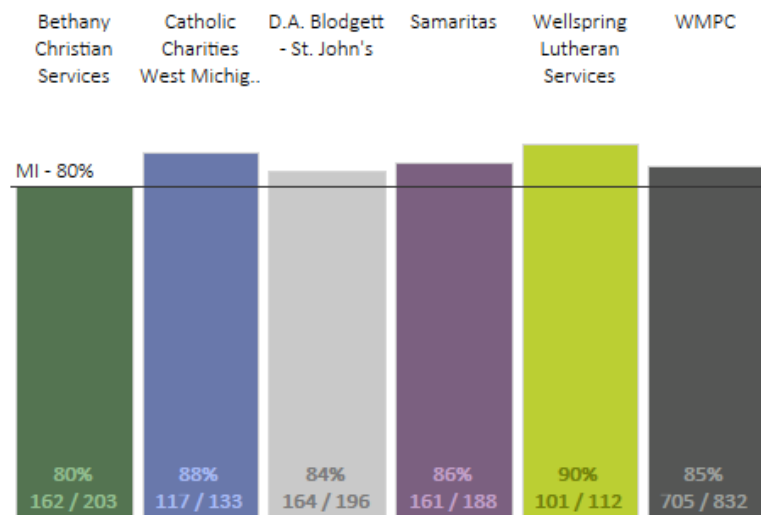
Timely Initial Medical Exams by Age



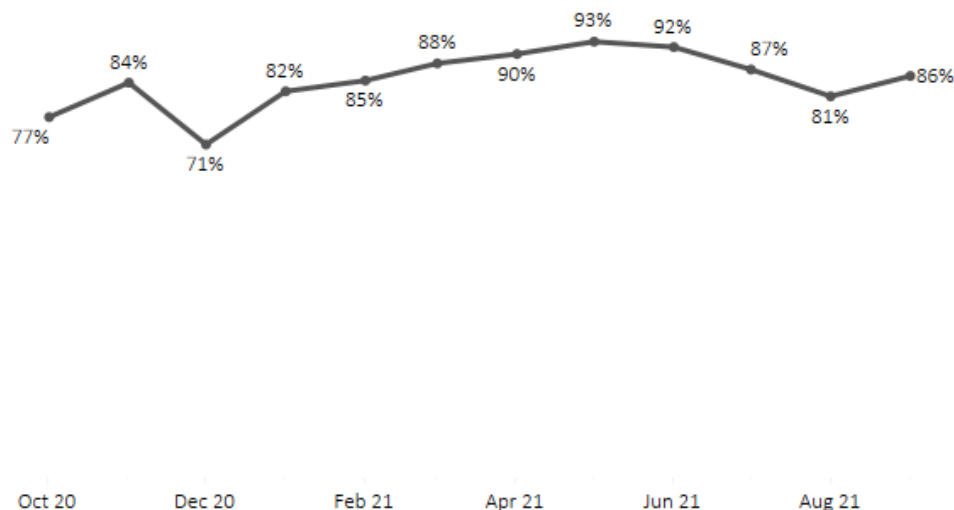
Periodic Medical Exams

At least 95% of children supervised by the Service Provider shall receive periodic medical examinations and screenings according to the guidelines set forth by the American Academy of Pediatrics and/or yearly (up to 14 months from the previous exam) medical examinations and screenings.

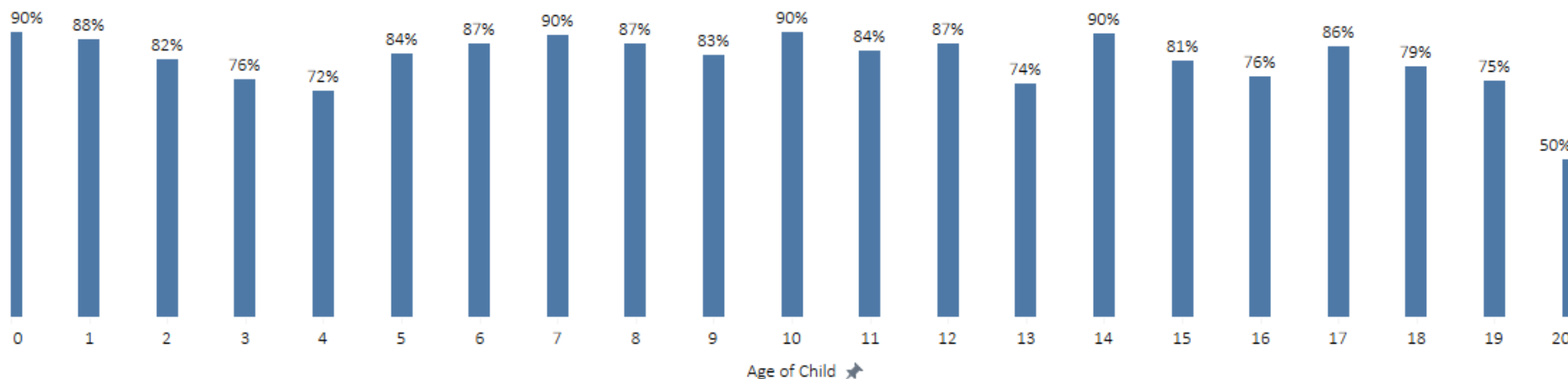
Annual Performance



Monthly Performance



Timely Periodic Medical Exams by Age



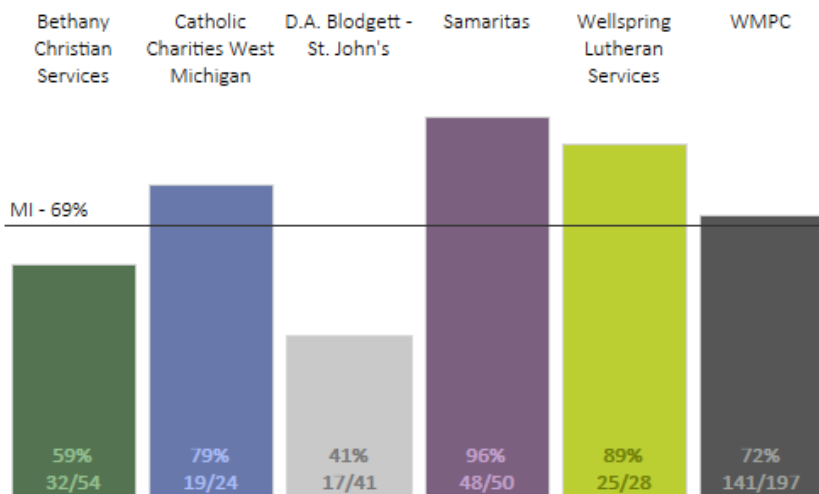
FY21 Annual Performance

Sources: MISACWIS Medical Exam Timeliness Info View Report, accessed 10/17/21. Exams completed by age: Mindshare Active Children Dashboard 10/1/2017-9/30/2021. Accessed 10/17/21

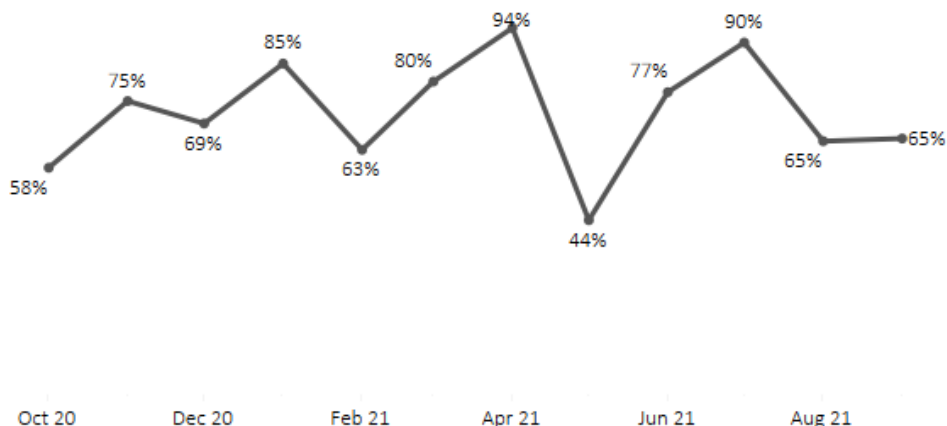
Initial Dental Exams

No fewer than 90% of children shall have an initial dental examination within 90 days of removal unless the child has had an exam within 6 months prior to placement or the child is less than one years of age.

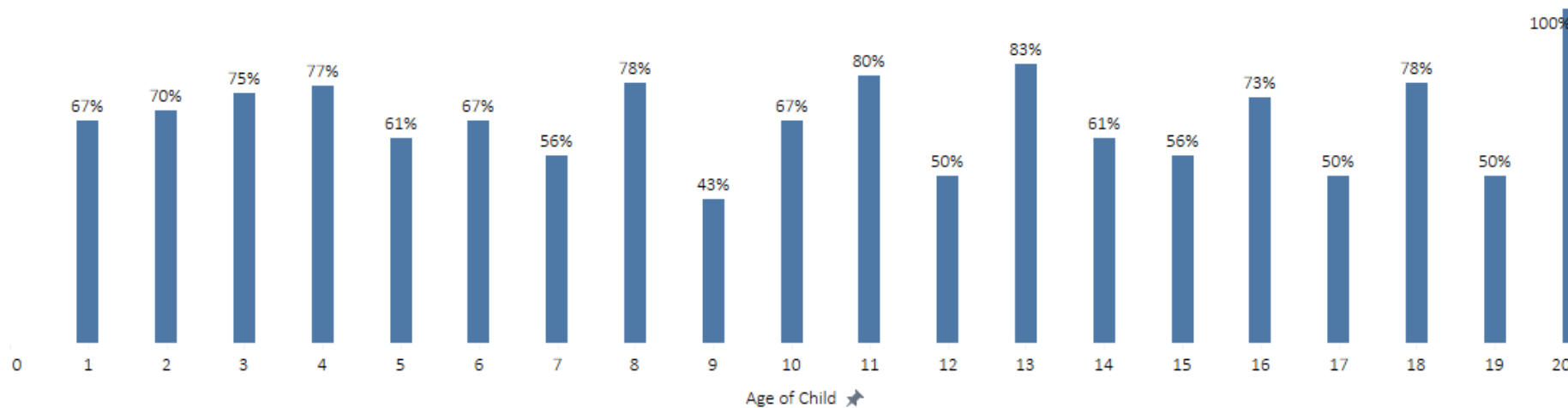
Annual Performance



Monthly Performance



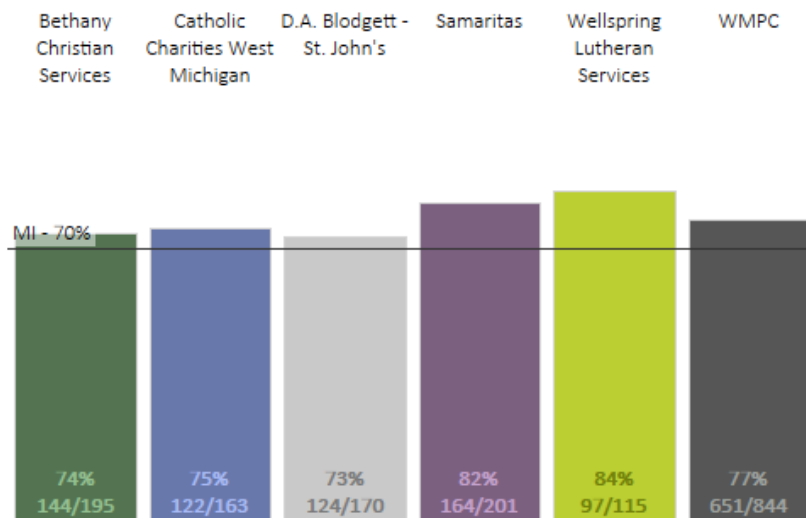
Initial Dental Exam Timeliness by Child's Age



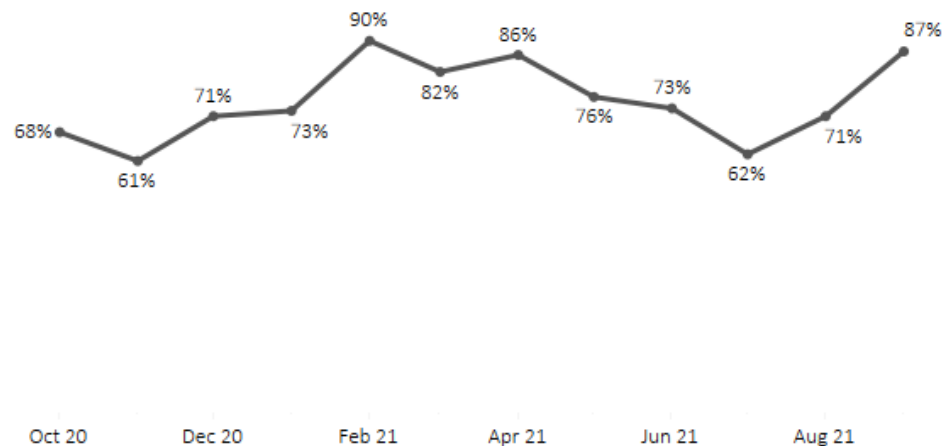
Periodic Dental Exams

No fewer than 95% of children shall have a dental examination at least every 6 months.

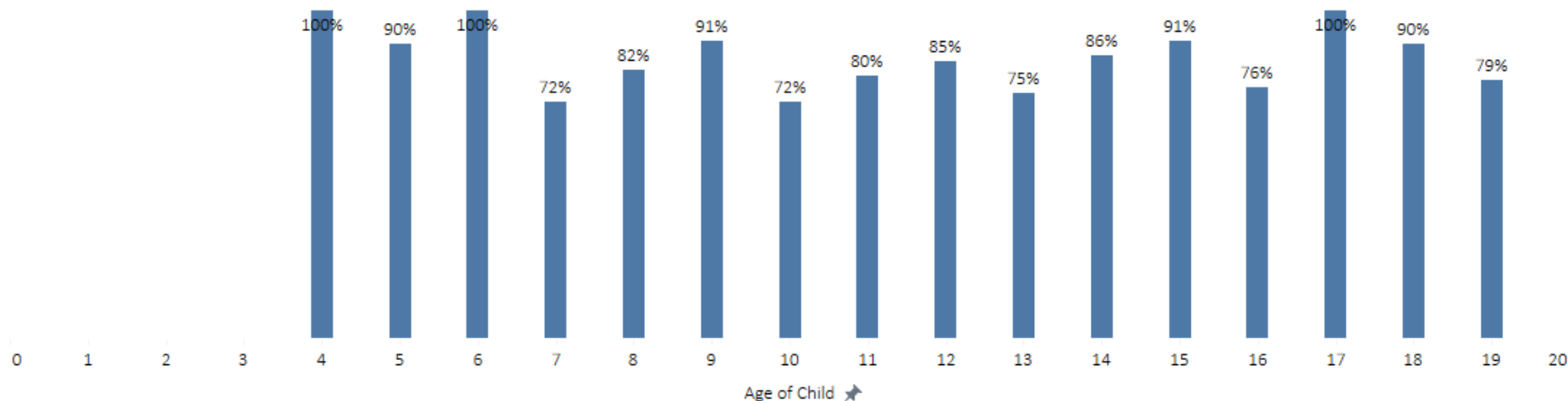
Annual Performance



Monthly Performance



Initial Dental Exam Timeliness by Child's Age

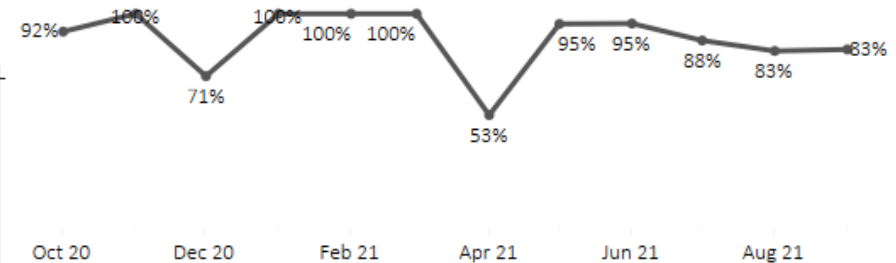
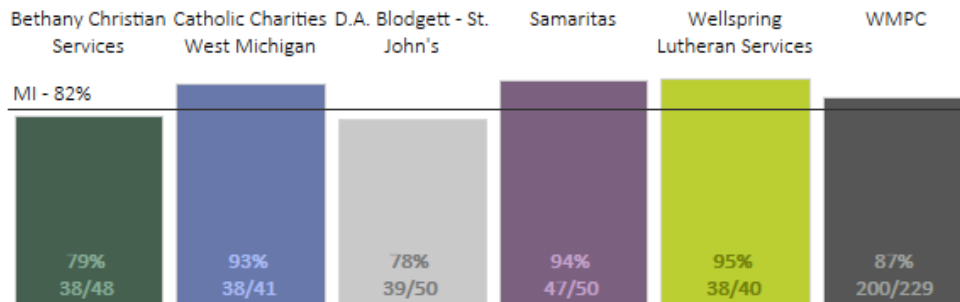


FY21 Annual Performance

Sources: MiSACWIS Medical Exam Timeliness Info View Report. Accessed 10/17/21. MDHHS Children's Services Agency - MMR Scorecard statewide performance; Exams completed by age: Mindshare Active Children Dashboard 10/1/2017-9/30/2021. Accessed 10/17/21

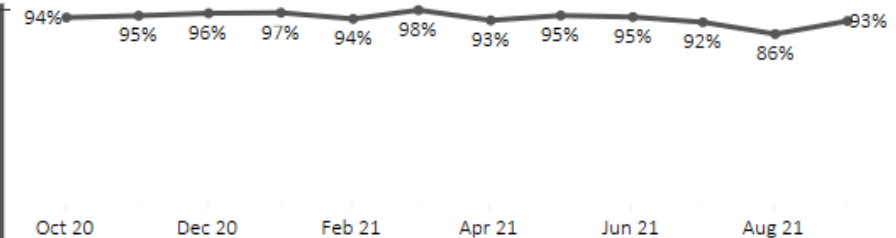
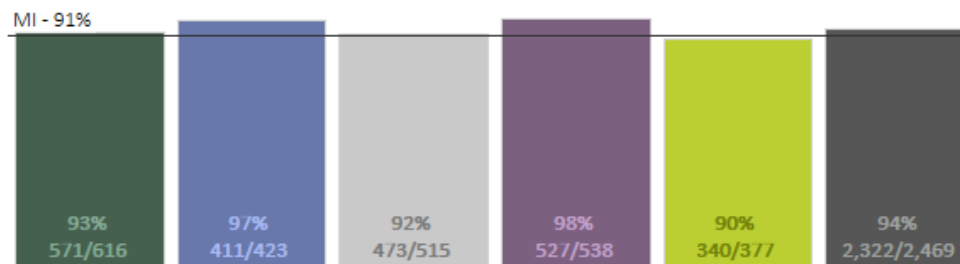
Initial Service Plans

At least 95% of children shall have an initial service plan completed within 30 days of entry into foster care and quarterly thereafter in accordance with the guidelines in FOM.



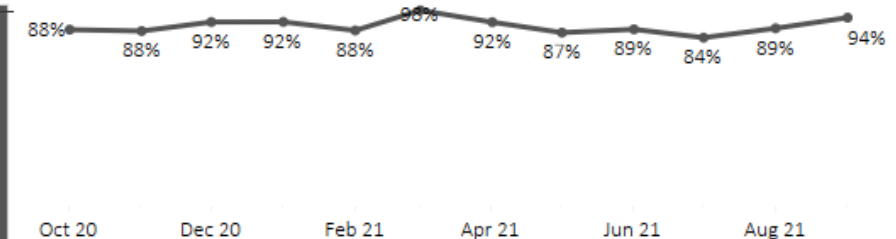
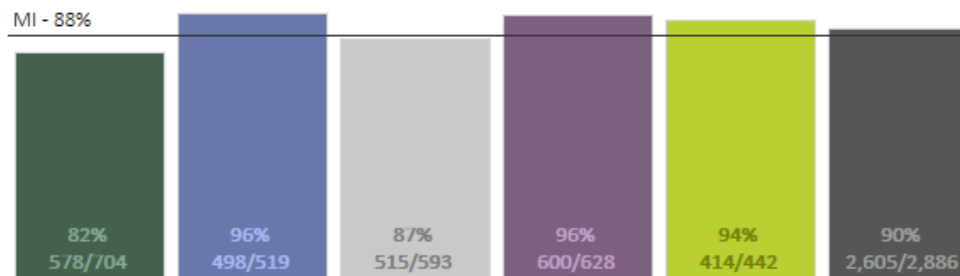
Updated Service Plans

At least 95% of children shall have a service plan updated quarterly.



Plan Approvals

At least 95% of children shall have a case service plan approved within 14 days of case worker submission to the supervisor for review.

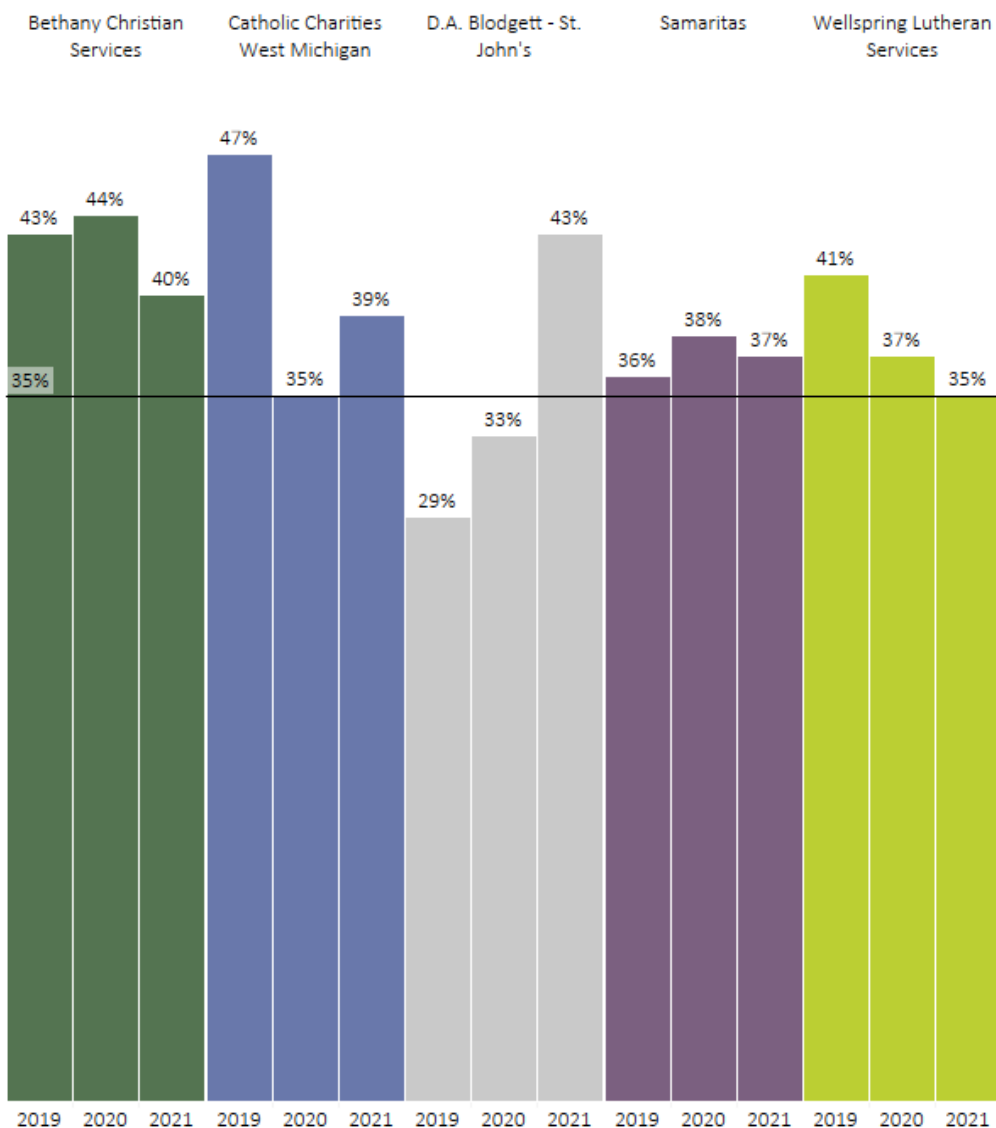


FY21 Annual Performance

Sources: MiSACWIS Caseworker Service Plan Timeliness Info View Report, accessed 10/17/21. MDHHS Children's Services Agency - MMR Scorecard statewide performance

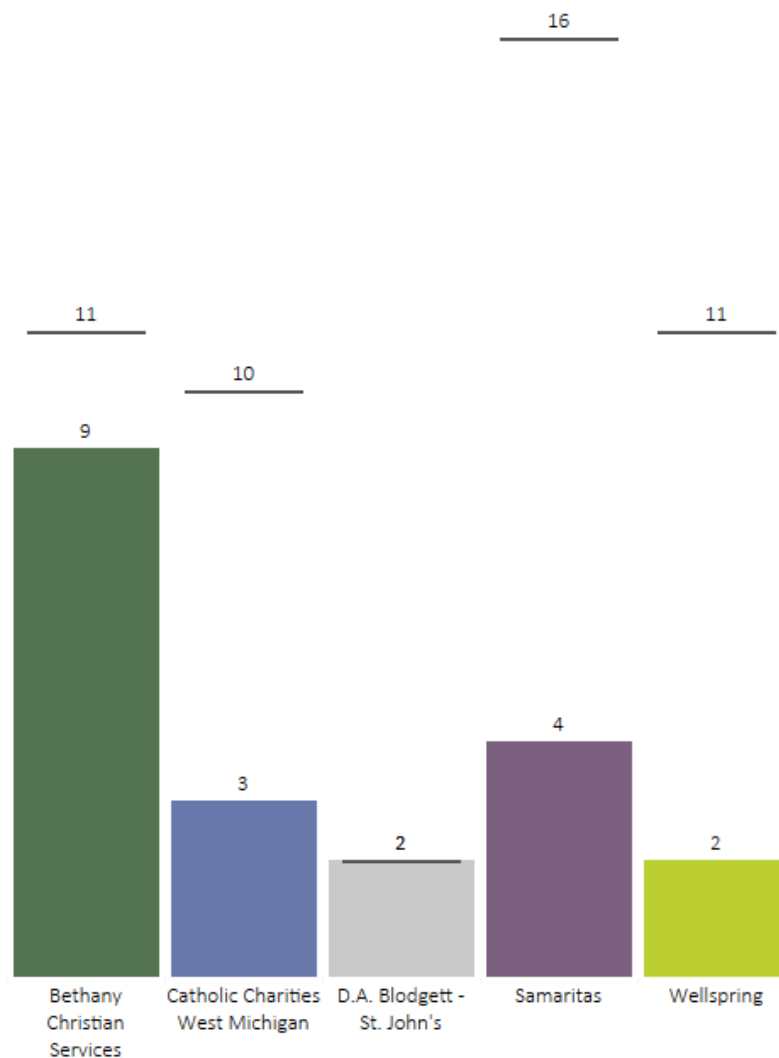
Percent of Days Spent in Relative Placements

The percentage of days children placed in relative care increases by **6%** from the previous year OR at least **35%** of children's days are spent in relative care each year.



New Relative Licensed Homes

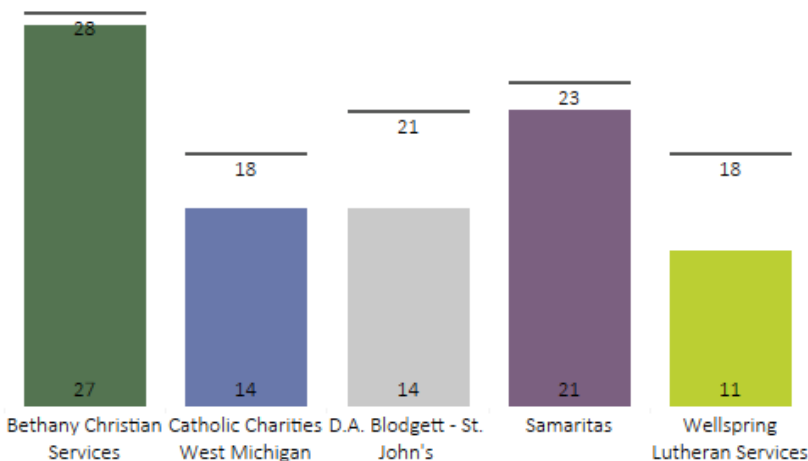
The number of relatives successfully completing the licensing process will increase by 20% from FY19. *Agency goals are benchmarked by the lines above the bars.*



Licensed Foster Homes

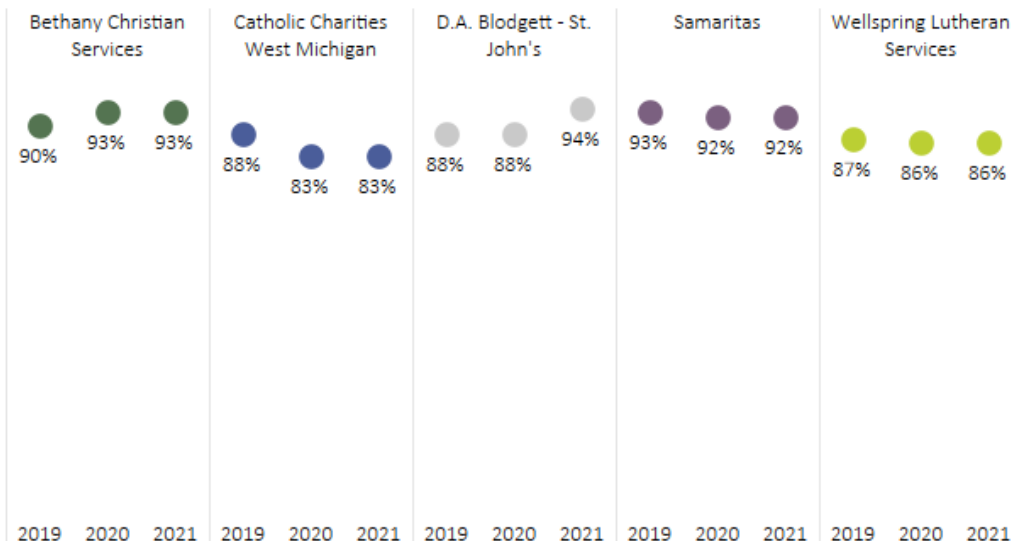
The WMPC network will license the number of foster homes required to meet or exceed their benchmark for total number of licensed homes as determined by the Kent County AFPRR licensing calculator.

Year-to-Date Performance



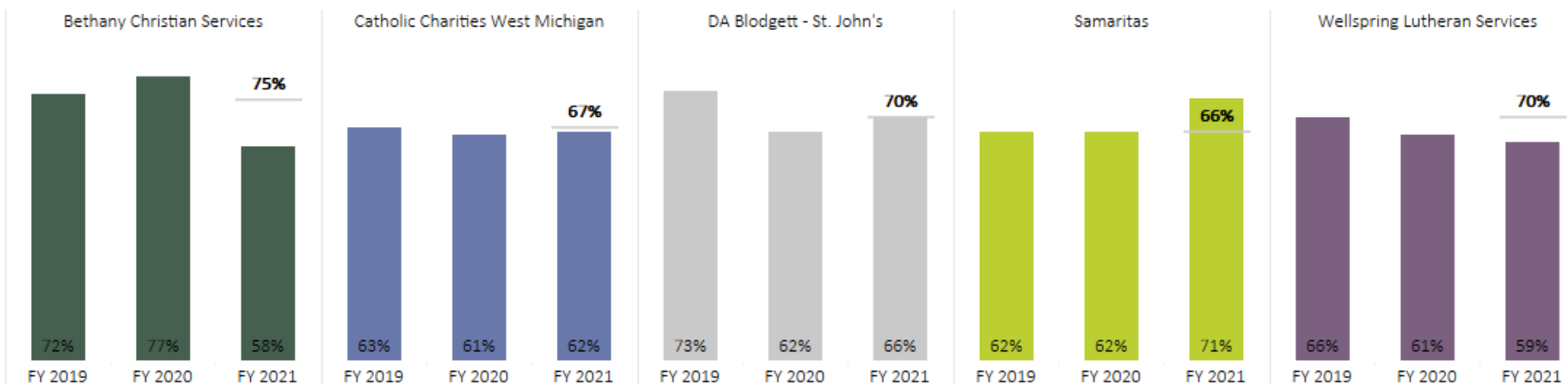
Percent of Days Spent in Community Placements

The percentage of days WMPC network children placed in community-based foster care in the most family-like setting increases by 3% from the previous year OR will meet or exceed 94%.



In County Placements

For the network, 72% of placements will occur in Kent County by the end of FY22, with annual increases of 2% in FY20, 2% in FY21, and 2% in FY22. This measure excludes relative placements and AWOL. Agency FY21 targets are based on a 4% increase from their FY19 actual performance, and FY22 targets are based on a 2% increase from the FY21 target.



FY21 Annual Performance

Sources: Kent County AFPRR Licensing Calculator (April - June); Mindshare Community Placement Dashboard; Mindshare Placements Dashboard. Accessed on 10/12/21.

Children Available for Adoption in FY21

By September 30 of the fiscal year, at least 80 percent of the number of children with a goal of adoption who were legally free for adoption on September 30 of the previous fiscal year, shall have adoptions finalized. The data below describes the 152 children in care who are in this fiscal year's cohort to be adopted.

Children Available for Adoption

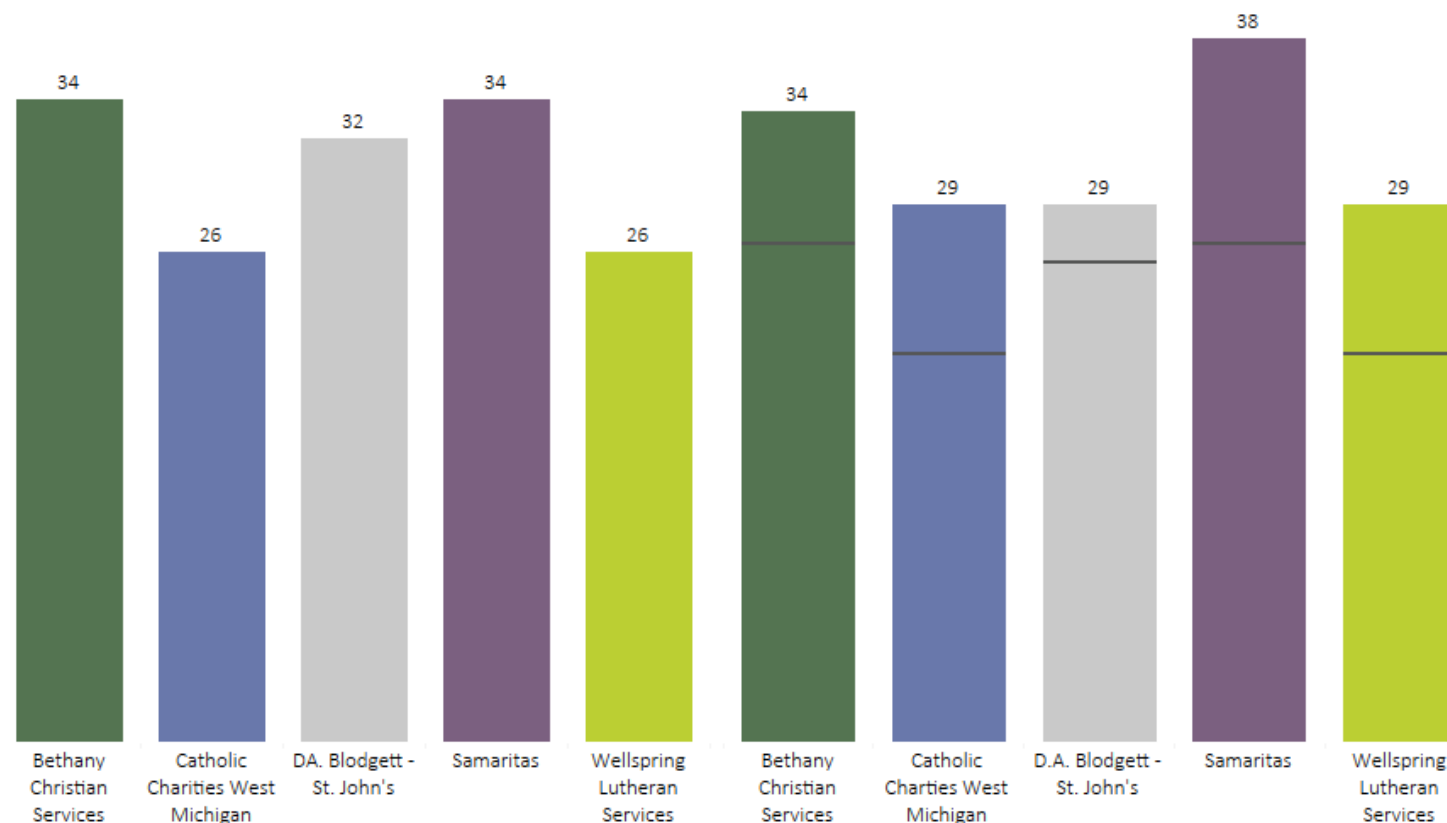
Agencies each have between 26 and 34 children who had a goal of adoption on September 30, 2020. Agencies must finalize adoptions for at least 80% of this number of children. In FY 21, 64% of this cohort was adopted.

Adoption Finalizations

Agencies' targets and the number of children who were successfully adopted within 365 days in FY21 are outlined below.

Adoption Disruptions

The network's goal is to have fewer than 5% of adoptions end in disruptions.



1%

There was one adoption disruption out of 183 adoption placements for all five agencies in FY21.

Racial Disproportionality of Adoption Populations

Year-To-Date Performance

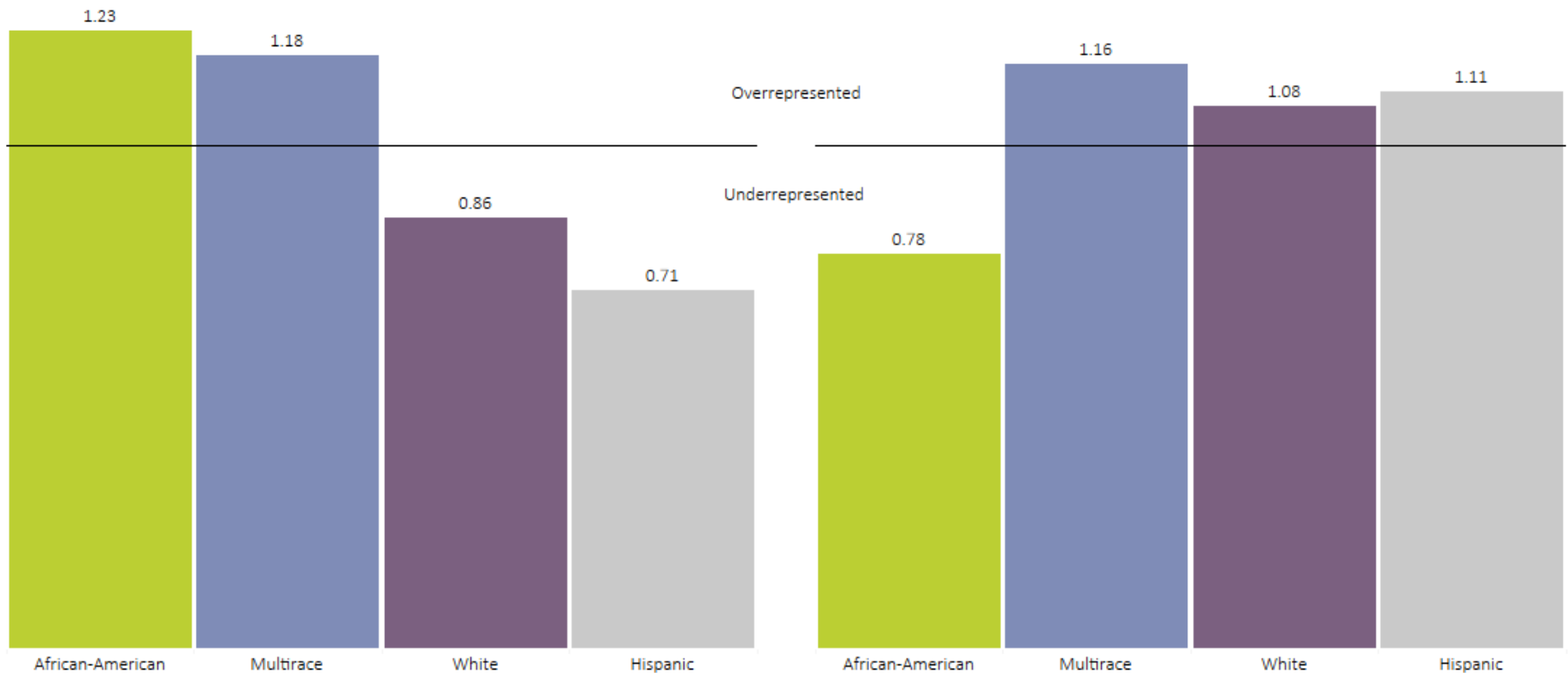
Disproportionality is the underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage of the total population. WMPC used the total population of Black/African American, Multiracial, Hispanic, and White children in WMPC's care in FY21 to understand the disproportionality of children available for adoption on September 30, 2020 and adoption finalizations in FY21.

Children Available for Adoption

African American children and multiracial children available for adoption are overrepresented compared to the total children in care. White children are underrepresented for this permanency goal.

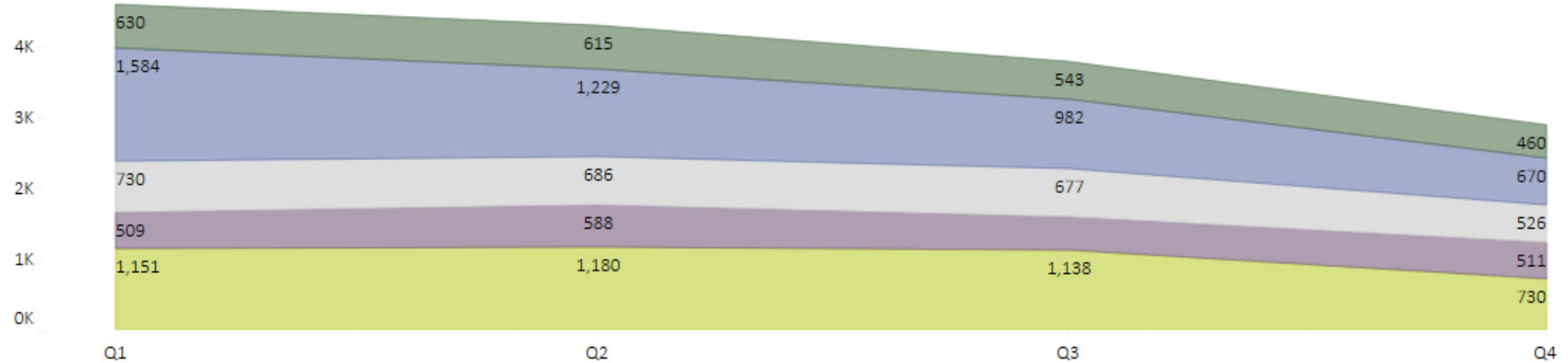
Children Adopted

African American children are underrepresented in adoption finalizations in FY21. This means these children are adopted at a lower rate compared to the total children in care. While White children are underrepresented in those available for adoption, they are slightly overrepresented in adoption finalizations.



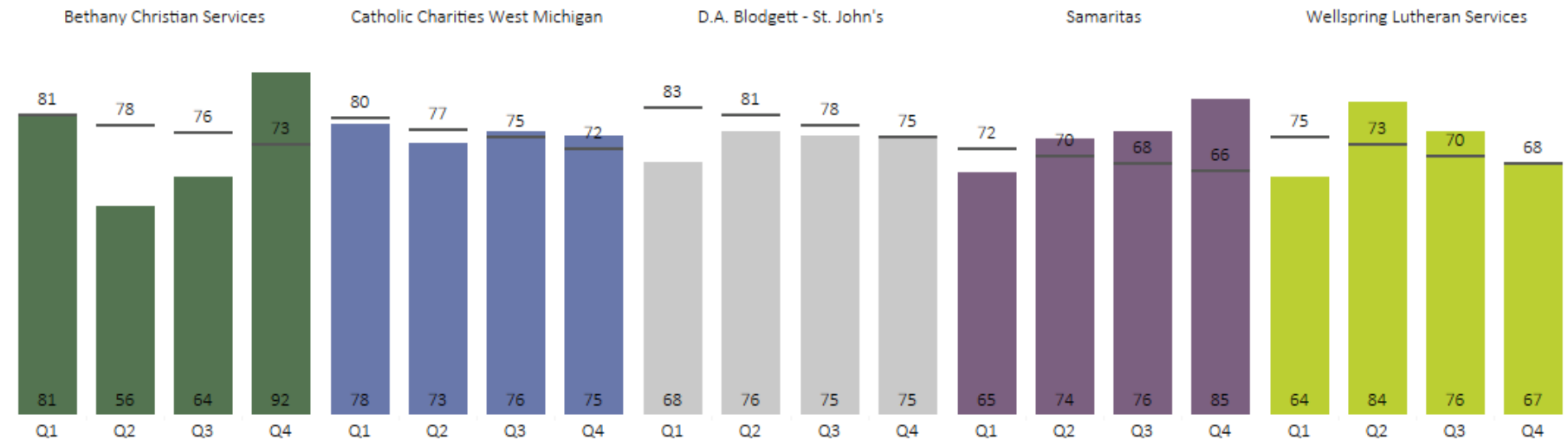
Total Days in Residential

The total number of days children placed in residential care will reduce by 24% by the end of FY2022, with a reduction of 8% each year. Agencies' FY21 performance should be 16% fewer days than their days in FY19.



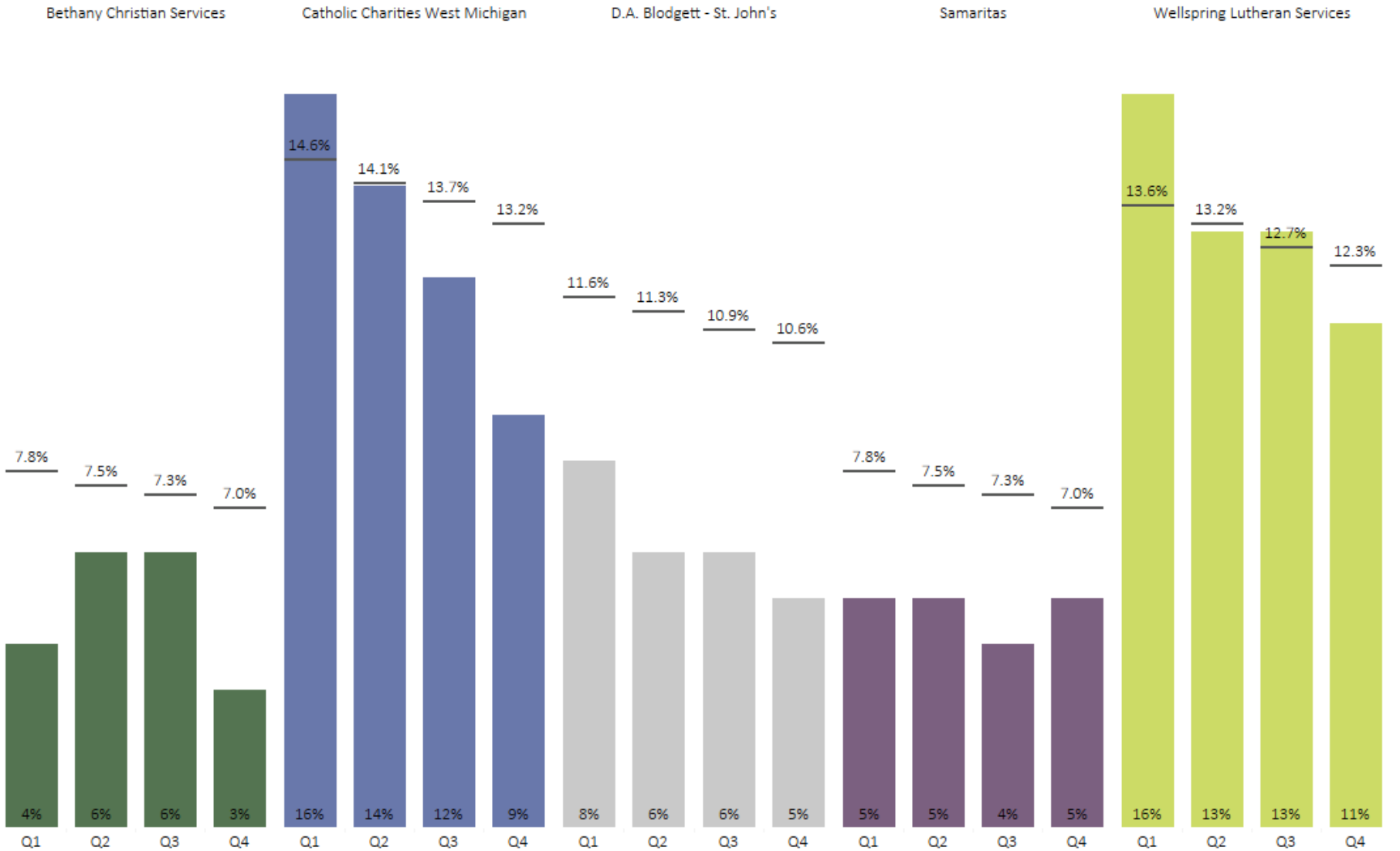
Average Days in Residential Care

Quarterly targets are calculated by decreasing the previous fiscal year and quarterly performance by 3% of the total average days in residential care. For example, a 3% change for 86 average days would be 3 average days and would result in 83 average day quarterly target.



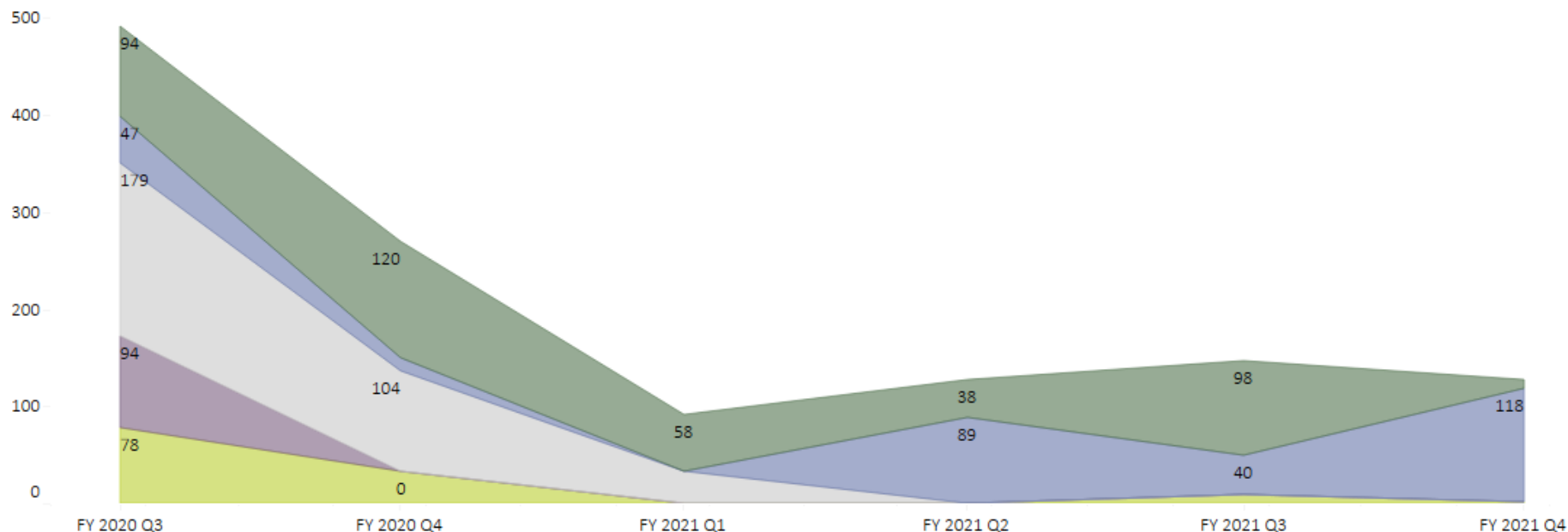
Percent of Population in Residential Care

Quarterly targets are calculated by decreasing the previous fiscal year and quarterly performance by 3% of the total foster care population in residential care for each agency. For example, a 3% change for 15% would be 0.45% and would result in a 14.6% quarterly target.



Total Number of Days Children Spent in Shelter

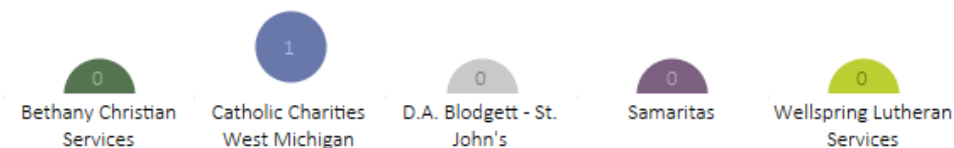
The total number of days children placed in emergency shelter will reduce by 16% by the end of FY2022. The FY2020 goal is a 2% reduction from FY19. The FY21 goal is a 5% reduction from FY2020. The FY22 goal is a 9% reduction from FY21.



Number of Children with Shelter as First Placement

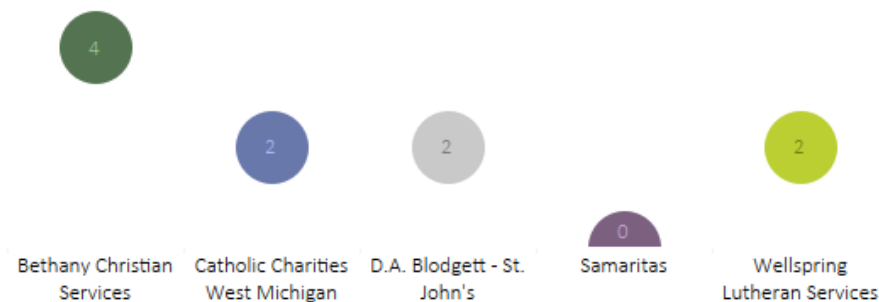
Percentage of children whose first placement is in a shelter. The FY2020 goal is not to exceed 25%, the FY21 goal is not to exceed 20%, and the FY22 goal is not to exceed 15%.

Year-to-Date Performance



Number of Children in Shelter

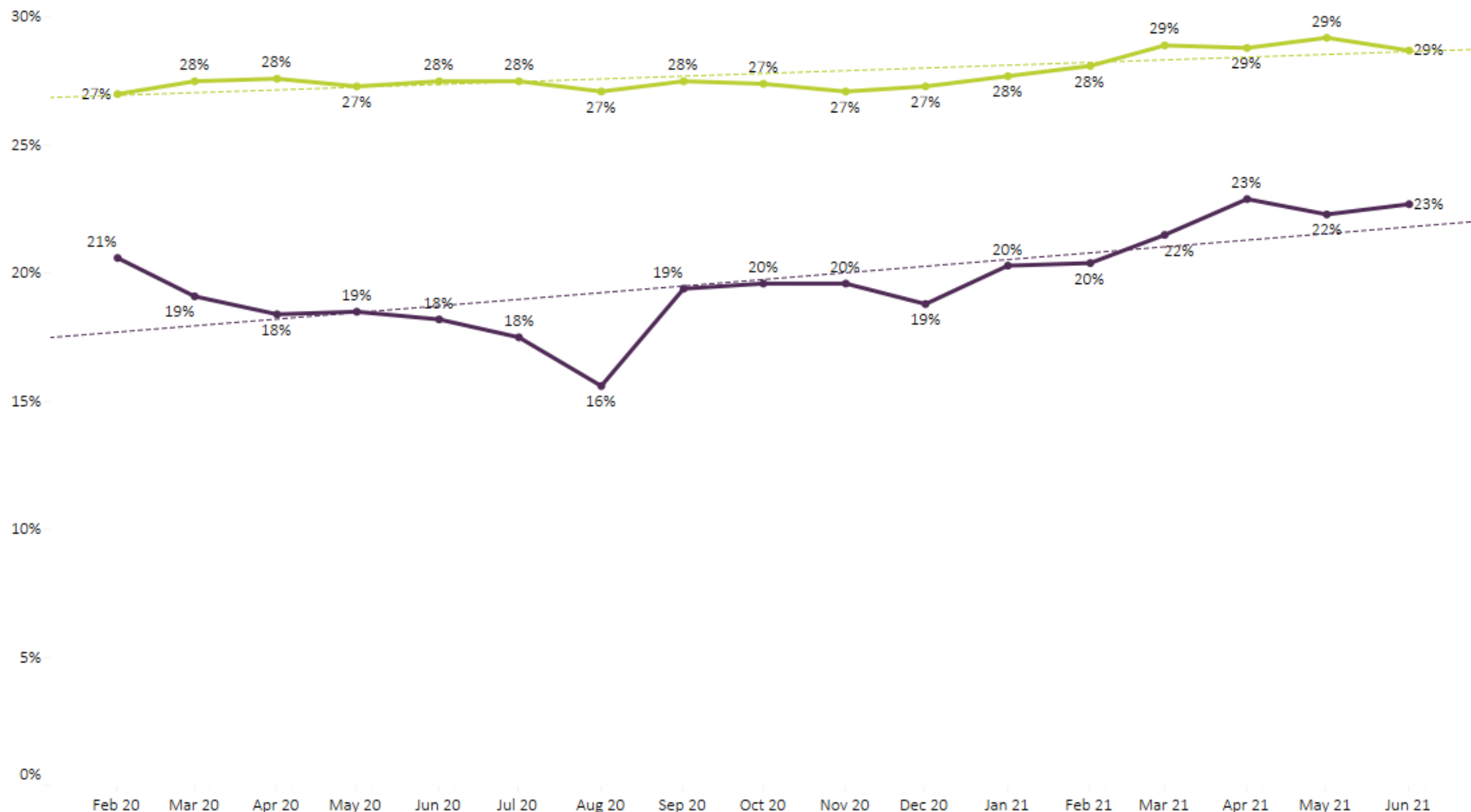
Year-to-Date Performance



Permanency in 12 months for children entering foster care

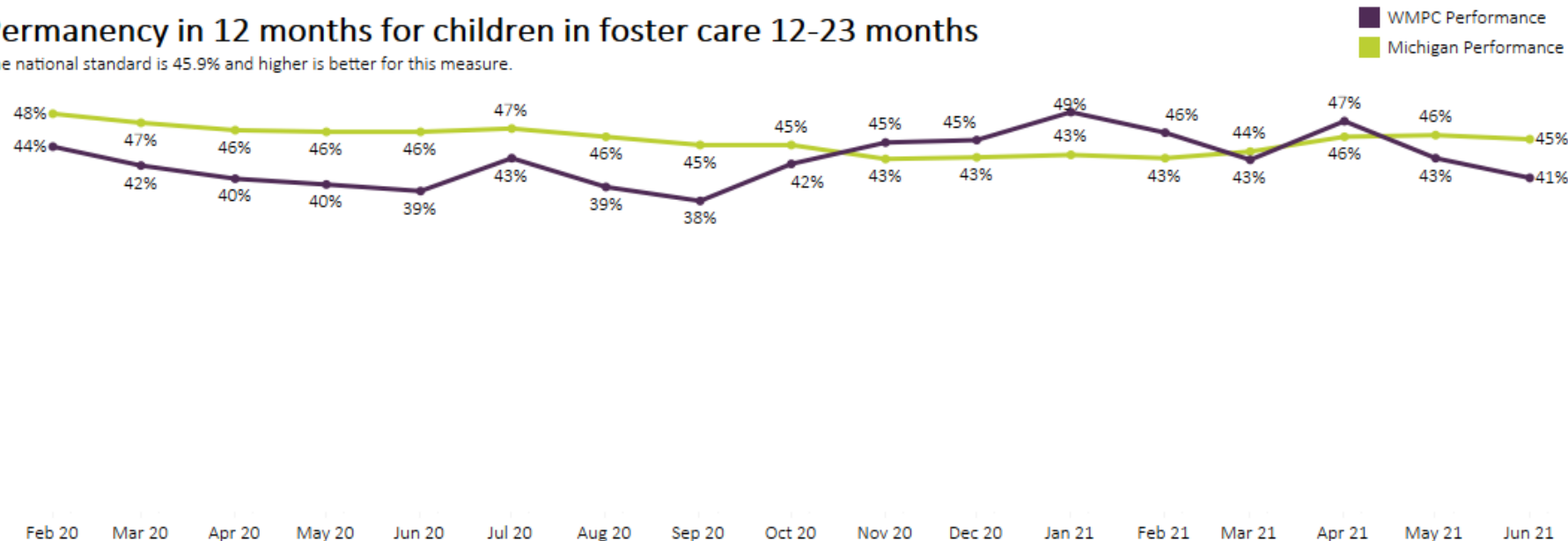
The national standard is 42.7% and higher is better for this measure.

WMPC
Michigan



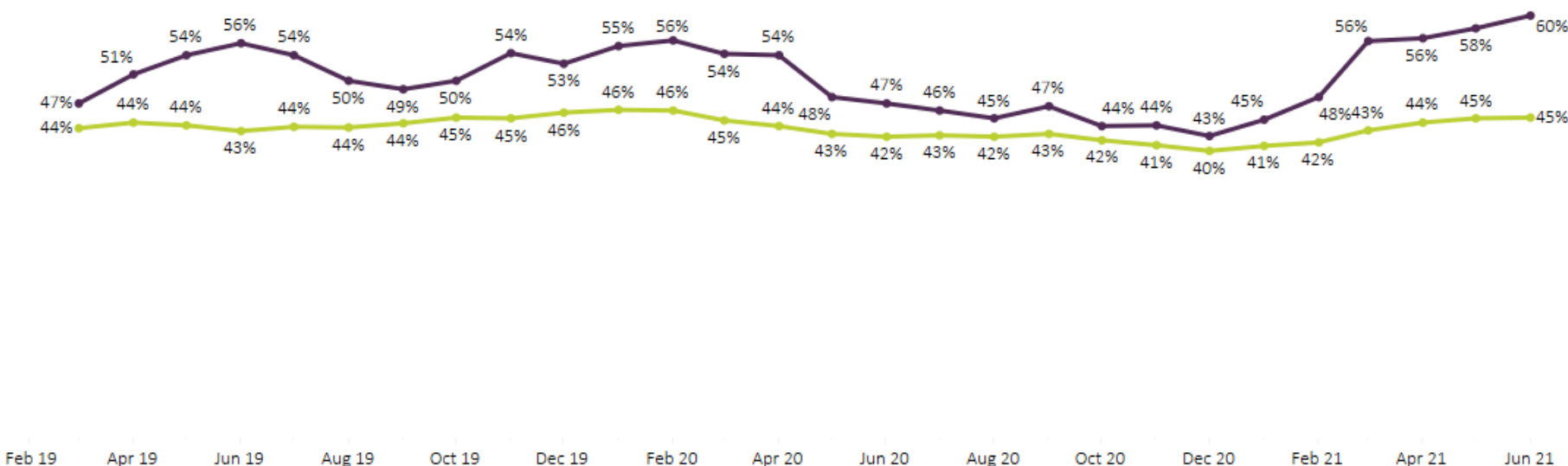
Permanency in 12 months for children in foster care 12-23 months

The national standard is 45.9% and higher is better for this measure.



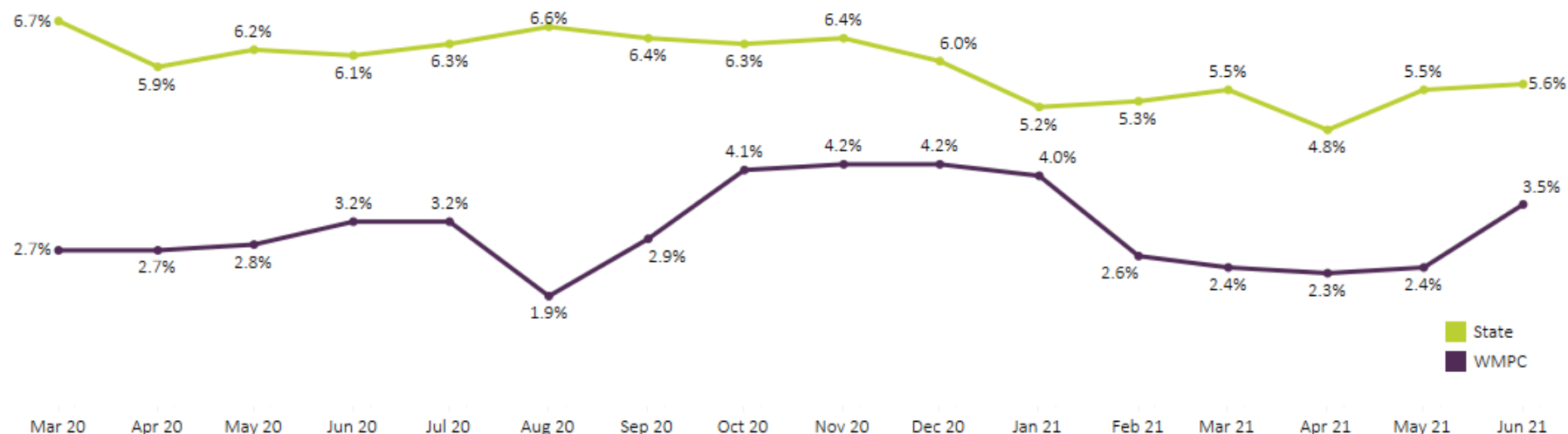
Permanency in 12 months for children in foster care 24 months or more

The national standard is 31.8% and higher is better for this measure.



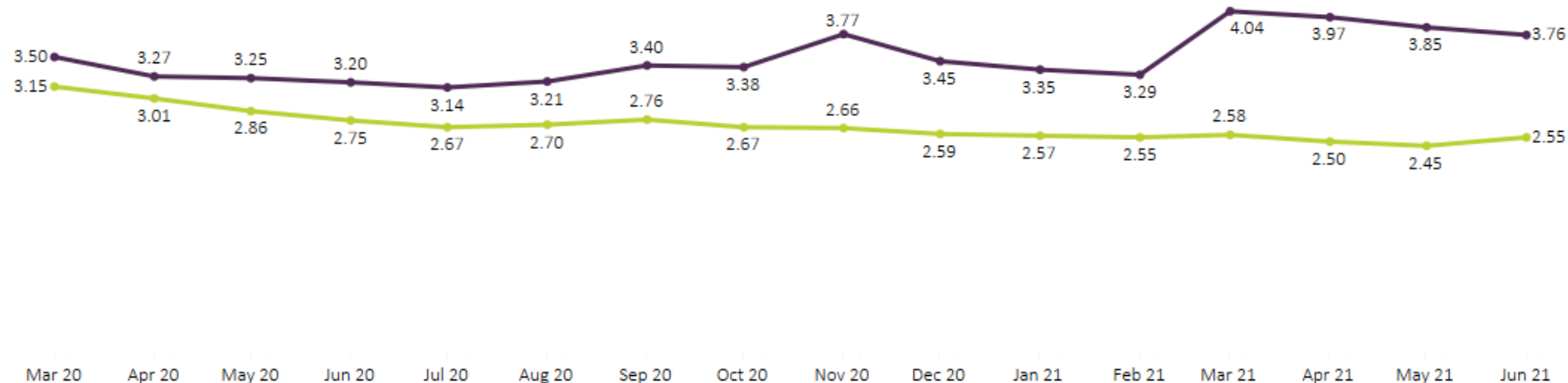
Re-Entry to Foster Care in 12 Months

Of all children who enter care in a 12-month period, who discharged within 12 months to reunification, live with relative, or guardianship, what percent re-entered care within 12 months of their discharge? The national standard is 8.3%, and lower is better for this measure.



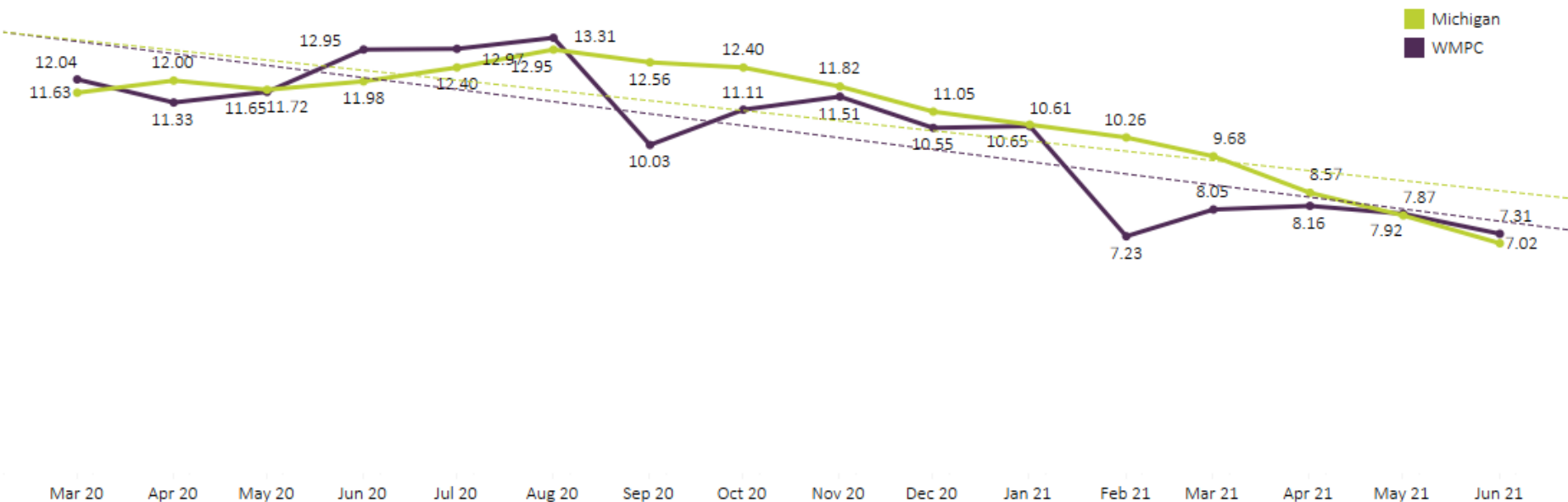
Placement Stability

Of all children who enter care in a 12-month period, what is the rate of placement moves, per 1,000 days of foster care? The national standard is 4.44 and lower is better for this measure.

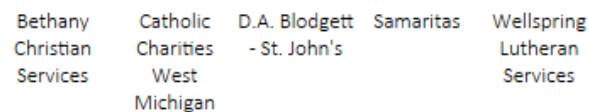


Maltreatment in Care

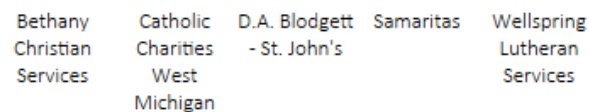
Of all children in care during a 12-month period, supervised by the Service Provider, the rate of maltreatment in care shall not exceed 9.0, as defined in the federal Child and Family Service Review, Round 3.



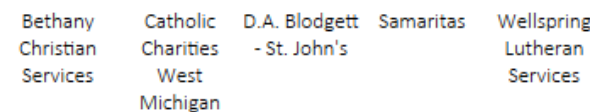
MIC Rate FY 2019



MIC Rate FY 2020



MIC Rate FY 2021



FY21 Annual Performance

Source: NCANDS entry cohorts April 2018 – June 2020, prepared by DTMB in June 2021; Mindshare MIC by Agency Dashboard. Accessed on 10/15/21.

Evaluation of Michigan's Performance-Based Funding Model

Fourth Annual Report Executive Summary

April 2021

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Executive Summary

E1. Introduction

The Michigan Legislature, through Public Act 59 of 2013, Section 503, convened a task force that recommended a pilot project to plan, implement, and evaluate a performance-based funding model for public and private child welfare service providers in Kent County (referred to as the Kent Model). The Kent Model is being implemented by the West Michigan Partnership for Children (WMPC), an organization comprising five private agencies in Kent County, created to pilot the performance-based case rate funding model with the goal of improving outcomes for children.



Westat and its partners completed the fourth year of a rigorous 5-year evaluation of the pilot (the first year was the baseline period, prior to Kent Model implementation). The evaluation includes cost (Chapin Hall), outcome (University of Michigan School of Social Work), and process (Westat) components and was designed to test the effectiveness of the Kent Model on child and family outcomes in Kent County. The process evaluation is designed to provide the context for foster care service implementation in the three counties—the Kent Model in Kent County and the per diem model (“business as usual”) for foster care services in Ingham and Oakland Counties. The outcome study documents changes in child and family outcomes (i.e., safety, permanency, and well-being), and the cost study addresses cost effectiveness in service delivery.

E2. Methodology

The **cost study** team compared system-level expenditure and revenue trends for private providers serving children receiving out-of-home care in Kent County with those serving a matched cohort of children in agencies across the state. The type, amounts, and costs of services were examined for Fiscal Year (FY) 2015 through FY 2017 (baseline) and FY 2018 through FY 2020 (Kent Model implementation) using individual child-level cost data. Administrative data are collected from Michigan Statewide Automated Child Welfare Information System (MiSACWIS) Payment Data, MiSACWIS Placement Data, WMPC Actual Cost Reporting Workbook and Accruals Detail, BP 515 Payment Workbook, and Trial Reunification Payments. The cost study team compiled a longitudinal database structure allowing for analysis of changes in expenditure and revenue patterns at the state and county levels, across Fiscal Years.

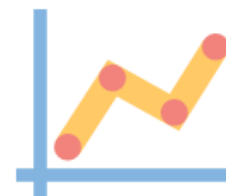


The **outcome study** team used propensity score matching to generate a comparison group. The Kent County sample was matched with children who were associated with a private agency outside Kent County for at least 80 percent of their placement. Children were also matched on demographic characteristics and the circumstances that prompted their entry into care (e.g., the type of abuse/neglect reported). The groups are organized based on the official start date of the pilot (10/01/2017). The outcomes are presented separately for children who are associated with WMPC prior to the official start date (referred to as legacy cases) and children who entered a WMPC placement on or after the official start date.

The **process study** team collected contextual information about child welfare policies and practices in 2017 (baseline) and from 2018 through 2020 (Kent Model implementation). During the most

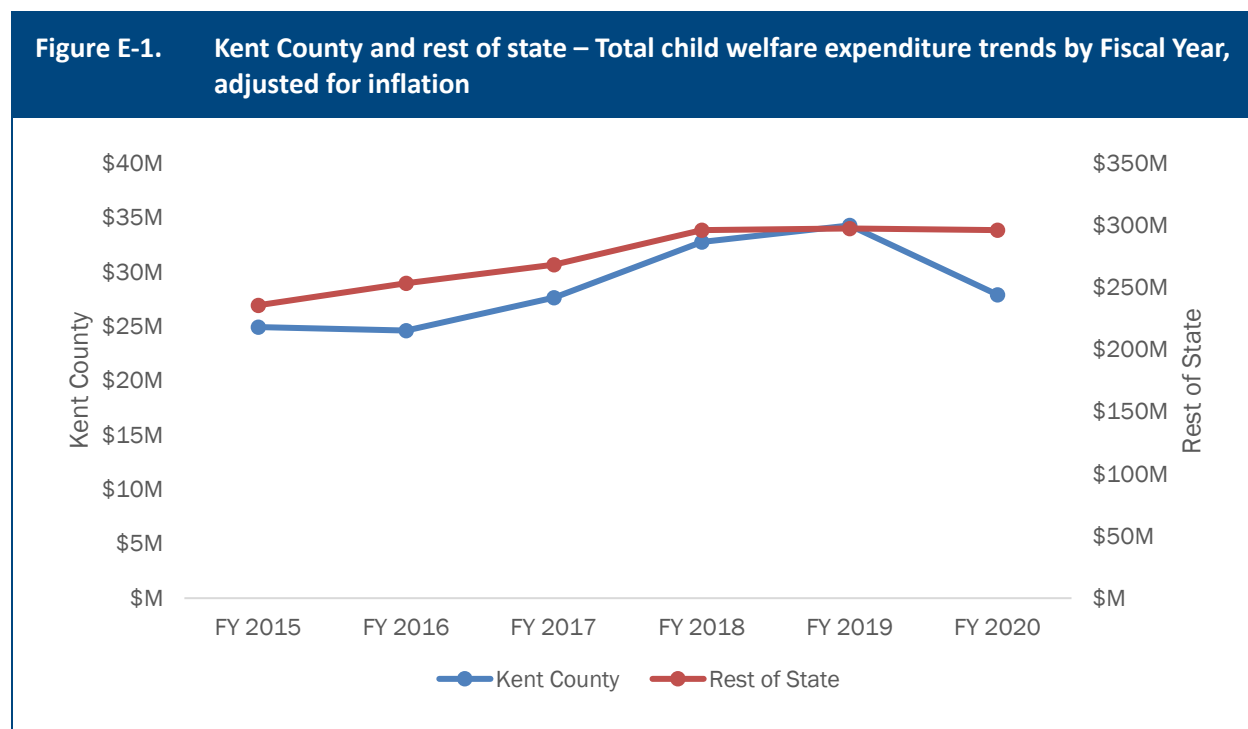
recent round of data collection, the process evaluation team conducted interviews and focus groups with respondents from Kent, Oakland, and Ingham Counties. Participants included public child welfare and private agency leadership, samples of supervisors and caseworkers across the child welfare system continuum (e.g., foster care case management), stakeholders from the court system, and representatives from the Kent County Administrator's office and WMPC. In addition, members of the evaluation team observed Child Welfare Partnership Council, Kent County Directors Steering Committee, and WMPC Advisory Committee meetings.

E3. Child Welfare Cost, Outcome, and Process Results



Expenditures, Revenue, and Average Daily Unit Cost¹

Expenditure Trends. Overall, total out-of-home private agency expenditures increased in Kent County from FY 2015 through FY 2019 and decreased in FY 2020. FY 2020 saw an annual decrease of 19 percent in total child welfare expenditures, which is due in large part to the impact of COVID-19 in Kent County and a decline in admissions to care. This decline in total child welfare expenditures in FY 2020 differed from the rest of the state, where costs plateaued from FY 2018 onward (Figure E-1).



FY 2020 saw a reduction in both maintenance (by 7%) and administrative costs (by 31%). The reduction in placement costs in FY 2020 was due to a decrease in the number of care days provided and a reduction in the cost of care. FY 2020's drop in maintenance expenditures was seen in all major placement settings including foster home, child caring institution (CCI), and enhanced foster

¹ Records for unaccompanied refugee minors and young adults in voluntary foster care involved with the juvenile justice system and receiving out-of-state supervision are excluded from analysis.

care (EFC), with each category reducing by 7 to 13 percent. There was also a decline in CCI maintenance costs in FY 2019 and FY 2020 in the rest of the state, for a total decrease of 13 percent from FY 2018 levels. However, the rate of decline in CCI costs was greater in Kent County during this period with a 20 percent decrease.

The largest increase in administrative costs in Kent County came in the first year post-implementation (FY 2018) when foster home placement administrative costs rose by 60 percent. The impact of the reduction in placement administrative expenditures in FY 2020 was spread across foster home, CCI, and EFC administration costs with each category decreasing by 29 to 33 percent. Foster home administration costs stayed much more stable in the rest of the state, with slight increases each year from FY 2017 onward.

Revenue Trends. The two largest funding sources for out-of-home placement services are Federal Title IV-E funds and the County Child Care Fund (Table E-1). In FY 2020, Limited Term/Emergency/General Funds grew to make up 12 percent of the revenue utilized to support child welfare activities in Kent County as all other major revenue sources declined in amount and proportion.

Overall fund source	Pre-implementation			Post-implementation		
	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Total private agency revenue (excluding URM, YAVFC, & OTI)	100%	100%	100%	100%	100%	100%
Title IV-E	43%	37%	36%	40%	39%	36%
County Child Care Fund	36%	38%	41%	39%	36%	34%
State Ward Board and Care	16%	20%	21%	21%	18%	17%
Limited Term/Emergency/General Funds	4%	4%	1%	0%	6%	12%
Medical Services – DHS 93	1%	1%	0%	0%	0%	0%
Other/Unknown ²	0%	0%	0%	0%	0%	1%

Placement Days. Care days decreased between FY 2019 and FY 2020 by 11 percent overall. Emergency shelter and adoptive home placements showed the largest total decrease in care days between FY 2019 and FY 2020, decreasing by 31 percent and 95 percent respectively. Historic child entries, exits, and a point-in-time caseload count at the end of the Fiscal Year indicate how changes in care-day utilization over time correspond to the volume of children moving in and out of care (see Table E-2). Similar to the change in total care days, the number of child entries was fairly stable during the baseline period and into FY 2018, declining slightly in FY 2019 and more dramatically in FY 2020. For all children entering care in Kent County in FY 2018, it took 11.8 months for the first quarter of children to exit care and 20.4 months for the first half (i.e., the median) to exit care.

² Other/Unknown revenue includes Temporary Assistance for Needy Families and Youth in Transition revenue and the revenue associated with Kids First expenditures.

Table E-2. Child out-of-home entries, exits, and caseload count at the end of Fiscal Year

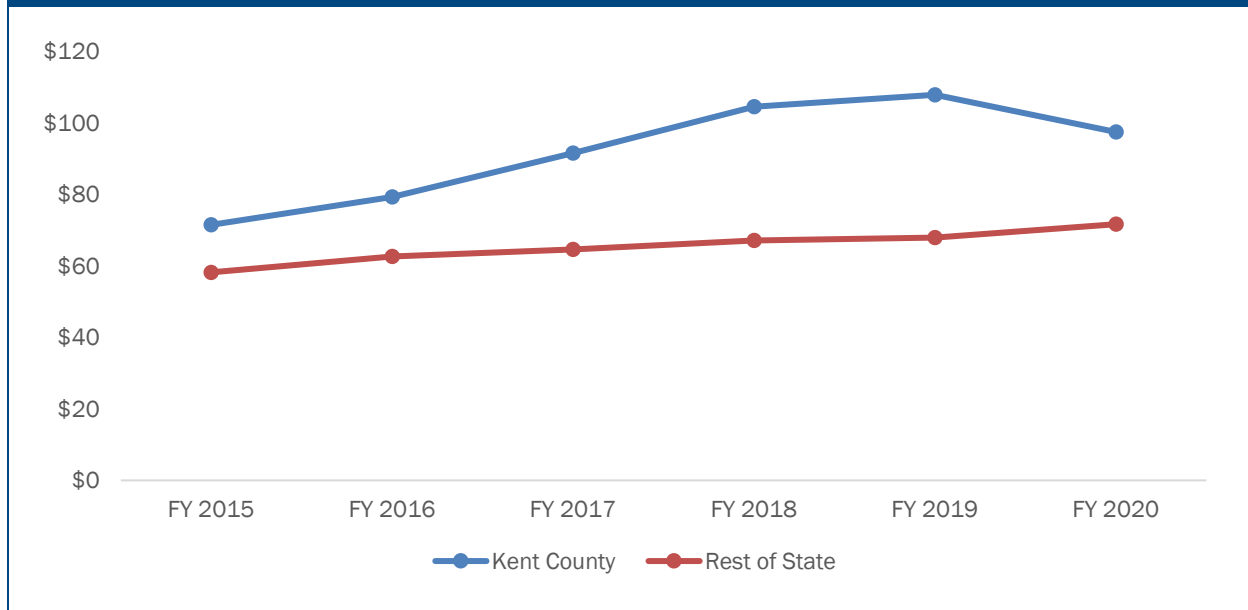
	Pre-implementation			Post-implementation		
	2015	2016	2017	2018	2019	2020
All entries	546	507	522	514	478	259
All exits	554	559	517	447	511	410
Caseload count	862	811	818	883	851	701
Year-over-year change						
All entries		-7%	3%	-2%	-7%	-46%
All exits		1%	-8%	-14%	14%	-20%
Caseload count		-6%	1%	8%	-4%	-18%

Average Daily Unit and Child Placement Costs. In Kent County, the largest increase in average daily unit cost for out-of-home placements occurred during the baseline period (FY 2015 to FY 2017), when the average daily unit cost increased by 28 percent. The average daily unit cost continued rising after the implementation period began and through FY 2019 before decreasing in FY 2020.

CCI and emergency shelter days increased during the baseline period while foster care days decreased. Thus, the observed increase in average daily maintenance cost during the baseline period most likely stems from a shift to more expensive care types (i.e., CCI care) away from less costly ones (foster care). The average daily maintenance cost of placements remained relatively stable during the pilot, with a slight 5 percent increase in FY 2020, when the total care days utilized by each placement type declined but the placement mix shifted. The proportion of days spent in more expensive CCI, EFC, and independent living placements increased in FY 2020 as the proportion of days spent in less expensive care settings, foster care and kinship care, declined.

The average daily administrative cost increased by 22 percent during the baseline period and continued to rise during the first 2 years of the pilot. This increase was fueled by increases in the administrative daily rate paid to providers at both the state and WMPC level. In FY 2015, Kent County's average daily unit cost was 23 percent higher than the rest of the state and grew to 42 percent higher in FY 2017. The average daily unit cost in care grew slowly and steadily in the rest of the state while Kent County saw greater variability (Figure E-2).

Figure E-2. WMPC-related and rest of state – Average daily unit cost for out-of-home placements by Fiscal Year, adjusted for inflation



Preliminary analysis shows that for children who were already in foster care when the Kent Model was implemented, the average cost per out-of-home placement spell for children in Kent County is \$58,799 compared to \$61,876 for children in the comparison group as of 10/1/2020 (see Table E-3). For children who entered care in FY 2018—the first full year of WMPC implementation—the average cost per spell for children served by WMPC is \$45,194 and \$44,381 for the comparison group as of 10/1/2020.

Table E-3. Cost per out-of-home placement spells censored 10/1/2020

	Child count	Min	Max	Mean	SD	25th Percentile	Median	75th Percentile
Comparison in-care pre-WMPC	557	\$622	\$508,769	\$61,876	\$55,655	\$31,681	\$48,834	\$74,040
Kent in-care pre-WMPC	524	\$57	\$372,207	\$58,799	\$38,403	\$34,869	\$57,559	\$73,567
Comparison entered FY 2018	319	\$571	\$378,319	\$44,381	\$36,894	\$23,395	\$40,168	\$56,940
Kent entered FY 2018	435	\$17	\$215,036	\$45,194	\$33,096	\$21,137	\$41,673	\$64,198

Safety, Permanency, and Stability

Safety. Chi-square tests indicate that there are no statistically significant differences between children served in Kent County and the comparison group in the percentage who experience their second substantiated report within 365 days (Table E-4). The risk of maltreatment recurrence may appear low (relative to the overall state average), but that is because all of these children were in care for at least some (if not all) of the period under observation (365 days). In contrast, the state rates of recurrence are calculated on any child with two substantiated allegations within 365 days (and the vast majority of those children are not removed from the parental home).

Table E-4. Second substantiation within 1 year

Group	Experienced recurrence	No recurrence	Total
Comparison, entered care after 10/01/2017	5.3% (50)	94.7% (898)	948
Comparison, in care prior to 10/01/2017 (legacy)	6.1% (47)	93.9% (725)	772
Kent, entered care after 10/01/2017	6.1% (56)	93.9% (859)	915
Kent, in care prior to 10/01/2017 (legacy)	6.6% (50)	93.4% (713)	763
Total	6.0% (203)	94.0% (3195)	3,398

Maltreatment in Care. Overall, 9.3 percent of children experienced maltreatment in care (MIC) or a Category I-III disposition³ while they were in an out-of-home placement setting or still under the legal guardianship/supervision of the state (Table E-5). There were no statistically significant differences between children served in Kent County and the comparison group (i.e., children served by private agencies across the state).

Table E-5. Maltreatment in care

Group	Experienced MIC	No MIC	Total
Comparison, entered care after 10/01/2017	5.8% (55)	94.2% (893)	948
Comparison, in care prior to 10/01/2017 (legacy)	11.9% (92)	88.1% (680)	772
Kent, entered care after 10/01/2017	7.1% (65)	92.9% (850)	915
Kent, in care prior to 10/01/2017 (legacy)	11.9% (91)	88.1% (672)	763
Total	8.9% (303)	91.1% (3095)	3,398

Permanency. For children who entered foster care after 10/1/2017, a similar percentage of children in the comparison and Kent County groups (47.5% vs. 47.2%) had a formal discharge from foster care, with the recorded reason for discharge as reunification with parents/primary caregivers, adoption, living with relatives or guardianship, and children whose last recorded placement is a parental home with a placement start date that is at least 30 days prior to the date of the data pull (Table E-6). Children in Kent County who entered after 10/1/2017, and exited, tended to stay fewer days in care on average than children in the comparison group; however, this difference is not statistically significant.

Table E-6. Exited or still in care

Group	Exit status	N	%	LOS Median	LOS Mean	LOS SD
Comparison, entered care after 10/01/2017	In care	498	52.5%	558	576	280
	Exited	450	47.5%	450	470	246
Comparison, in care prior to 10/01/2017 (legacy)	In care	103	13.3%	1451	1592	453
	Exited	669	86.7%	844	900	433
Kent, entered care after 10/01/2017	In care	483	52.8%	580	569	286
	Exited	432	47.2%	437	448	273
Kent, in care prior to 10/01/2017 (legacy)	In care	76	9.7%	1523	1834	707
	Exited	687	90.0%	807	885	432

³ https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_7193-159484--,00.html

Focusing more specifically on the question of timing, a higher percentage of children in Kent County who entered after 10/1/2017 achieve permanency within 6 months of entering care relative to the comparison group (10.3% vs. 8.1%); however, these results are not statistically significant. This difference no longer exists by the 12th month (Table E-7).

Table E-7. Cumulative exits to permanency					
Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Ever achieved permanency	Total exits (N = 2238)
Comparison, entered care after 10/01/2017	8.3% (79)	19.6% (186)	28.0% (265)	41.0% (389)	450
Comparison, in care prior to 10/01/2017	2.6% (20)	8.2% (63)	18.3% (141)	73.3% (566)	669
Kent, entered care after 10/01/2017	10.3% (94)	19.1% (175)	26.8% (245)	40.2% (368)	432
Kent, in care prior to 10/01/2017	1.6% (12)	6.7% (51)	18.5% (141)	79.3% (605)	687

Children in Kent County who entered care after 10/1/2017 and had been discharged appear to return to care at lower rates than children in the comparison group, although the difference is not statistically significant. However, these estimates represent very small totals (or cell counts). Thus, these analyses will become more informative as additional exits are observed over time.

For children who entered care after 10/1/2017, most exited to reunification. This reflects the fact that the children who were in care prior to 10/1/2017 were more likely to be in care for disproportionately longer periods of time. That is, the children with short stays most likely exited the system via reunification. For children who entered care after 10/1/2017, those in Kent County are significantly *less likely* to exit to adoption and significantly *more likely* to exit to guardianship as compared with children in the comparison groups (Table E-8). This helps explain the differences observed in terms of time in care.

Table E-8. Permanency categories by study group				
Group	Adoption	Guardianship	Living with other relatives	Reunification with parents or primary caretakers
Comparison, entered care after 10/01/2017	28.4% (128)	3.6% (16)	0.7% (3)	53.8% (242)
Comparison, in care prior to 10/01/2017	52.5% (351)	4.9% (33)	0% (0)	27.2% (182)
Kent, entered care after 10/01/2017	21.3% (92)	10.2% (44)	1.9% (8)	51.9% (224)
Kent, in care prior to 10/01/2017	48.6% (334)	9.0% (62)	0.9% (6)	29.5% (203)

Reunification and adoption are the two most common types of permanency. As indicated in Table E-9, children in Kent County who entered care after 10/1/2017 exited to reunification slightly faster than those in the comparison group (281 vs. 301 days).

Table E-9. Time to exit				
Group	Exit type	Time to exit Mean	Time to exit Median	Time to exit Standard deviation
Comparison, entered care after 10/01/2017	Adoption	650	658	206
	Reunification	286	301	192
Comparison, in care prior to 10/01/2017	Adoption	904	972	357
	Reunification	503	538	298
Kent, entered care after 10/01/2017	Adoption	716	679	193
	Reunification	276	281	194
Kent, in care prior to 10/01/2017	Adoption	896	958	318
	Reunification	502	568	326

Older youth (ages 16-18) typically face different challenges from others in foster care with respect to reaching permanency; as such, one has to consider whether these youth would be better served under WMPC. The overall number of children in this age range across study groups is quite small (the total being approximately 5% of the entire sample), which poses difficulties in evaluating and detecting differences between youth assigned to WMPC and youth selected for comparison. In the current analysis, there is enough power, and the differences reach statistical significance. For older youth exiting care, the youth associated with WMPC are *more likely* to achieve permanency than older youth in the comparison group (Table E-10).

Table E-10. Cumulative exits to permanency for older youth					
Group	Permanency within 6 months	Permanency within 12 months	Permanency within 18 months	Ever achieved permanency	Total exits (N = 182)
Comparison, entered care after 10/01/2017	4.6% (2)	13.6% (6)	15.9% (7)	22.7% (10)	44
Comparison, in care prior to 10/01/2017	3.3% (2)	5.0% (3)	10.0% (6)	13.3% (8)	60
Kent, entered care after 10/01/2017	29.% (9)	41.9% (13)	48.4% (15)	54.8% (17)	31
Kent, in care prior to 10/01/2017	2.1% (1)	6.3% (3)	17.0% (8)	36.2% (17)	47

Placement Stability. Placement stability is important to children’s safety, well-being, and permanency; placement permanency is delayed when a child experiences multiple placements, and well-being is affected in multiple ways, including poorer educational outcomes as a result of changing schools and increased behavioral and mental health issues.⁴ Thus, it is important to minimize the number of placement changes a child experiences while in foster care. No significant difference in experience of placement changes was found between children in Kent County and the comparison group.

Implementation of the Kent Model

Agency Collaboration. According to respondents at Kent County Department of Health and Human Services (DHHS), WMPC, and the private agencies, collaboration across the public/private divide

⁴ Center for Advanced Studies in Child Welfare (2010).

has gone more smoothly over the past year than at any other point since the pilot was implemented. Case transfer meetings between Child Protective Services and foster care now occur much more consistently, but the amount of information that foster care workers receive still varies. One judge from the Family Division of the 17th Circuit Court reported that collaboration with WMPC was still going well in Year 4, with the greatest challenge being uncertainty around state funding. Additionally, WMPC and Network 180 created a second Clinical Liaison position to help assess the mental health needs of children entering foster care and provide service recommendations. Most private agency staff agreed the Clinical Liaison was helpful but noted there are still challenges (e.g., eligibility for services is determined by the Medicaid manual).

Child Welfare Service Delivery under the Kent Model. EFC has been described as the most positively received component of the Kent Model. During the previous reporting period, WMPC

“Foster parents are much more likely to take a chance on taking a placement directly out of residential knowing they’re going to have those additional [EFC] supports to help them.”

– Private Agency Respondent

instituted a per-agency cap on EFC cases. This year, private agency staff agreed they were managing under the caps but would like to see them raised. Additionally, private agency staff reported that service referrals now run mostly smoothly with WMPC and Kent County DHHS. Licensing workers also spoke positively about Foster Kent Kids, a coalition of all five private agencies focusing on foster home recruitment. Meeting the needs of some children has been

challenging. For example, respondents noted it has been difficult to obtain community placements for children with considerable cognitive or behavioral needs. Additionally, a youth fatality at a Michigan residential facility and the COVID-19 pandemic led to a number of facilities shutting down, reducing capacity, or being put on provisional licensure status.

Quality Performance and Accountability. Respondents stated that private agency performance plans are now reviewed at least quarterly, allowing for more frequent adjustment in action plans. Additionally, MindShare is fully operational with real-time and complete data, enabling WMPC to add predictive analytic and statistical modeling capabilities (e.g., risk assessment scoring for maltreatment in care). WMPC was also involved in ChildStat case reviews to examine system performance in child welfare agencies,⁵ and it rolled out the utilization management framework in May 2019 to increase the number of families that achieve permanency within 12 months.

“I think everyone feels like [the ChildStat review process] is a useful exercise where the state learns something about what we are doing and what’s happening on the local level.”

– WMPC representative

MiTEAM Fidelity Assessments and Service Satisfaction. Overall, caseworkers in Kent County’s five private agencies implemented practices in accordance with MiTEAM’s design; across 17 quarters for which data were reported, the average percentage of MiTEAM behaviors that caseworkers implemented as they were intended ranged from 88 to 97 percent.⁶ Agency-administered service satisfaction surveys indicated that, overall, agency clients were

⁵ See <https://www.aecf.org/resources/implementing-childstat/>

⁶ Please note there was a substantial amount of missing data, which limits the degree to which meaning can be extracted from the data and generalizability of findings across agencies, and several items in the instrument apply to more than one MiTEAM competency (cannot isolate competency-specific changes in fidelity).

satisfied with at least 80 percent of child welfare or foster care services that were assessed across the 4 years data were reported, from 2016-17 through 2019-20 (e.g., “Staff showed respect”).⁷

Child Welfare Processes in Kent, Ingham, and Oakland Counties

Changes to Child Welfare Practice Due to COVID-19. Respondents from Kent, Ingham, and Oakland Counties described the transition from in-person to virtual case practice to mitigate public health risks and comply with state and local guidelines. They use web conferencing platforms (e.g., Zoom) to communicate with agency staff, partners, and clients. Due to the pandemic, there has been limited access to office resources, shifts in how agency staff interact with families (e.g., limited in-person home visits), and adjustments to how parenting time is conducted (e.g., outdoor family activities).

Addressing Issues of Racial Diversity, Equity, and Inclusion (DEI). A range of strategies have been implemented to address agency staff concerns of how implicit biases or lack of awareness of how to address certain children’s needs (e.g., hair care for children with textured hair) limits their ability to serve families effectively. For example, WMPC contracted with an organization to provide ongoing DEI support, adopted a cultural competence assessment tool, and received a grant to implement the Affirming and Listening to our LGBTQ+ Youth foster care project.^{8,9} Respondents from private agencies described new or updated trainings incorporating DEI elements (e.g., Eliminating Racism and Creating/Celebrating Equality training). Additionally, there are statewide and local committees that promote DEI, and Kent County DHHS recently began piloting a process that facilitates unbiased foster care placement decisions.¹⁰ Respondents reported there are upcoming or planned activities that will help address staff needs and, at the time of process evaluation data collection, Kent County DHHS was seeking a part-time Project Coordinator for Minority Overrepresentation.

Monitoring and Accountability. A number of focus group respondents from all three counties stated they rarely received data or that they used data infrequently, and nearly all of them were caseworkers. It could be that caseworkers do not have time to review data because of large caseloads, or relevant information about data and results may not be communicated to all agency staff consistently within and across agencies and counties. As one caseworker stated during a focus group this year, *“We’re just trying to get the requirements done and then get yelled at later if it’s bad.”*

Data Sharing and Use. Across counties and respondent types, respondents who were familiar with the agency’s data collection, reporting, and sharing processes most often stated that data are used to monitor caseworker performance (e.g., caseworker contact with families) and to prepare for audits. Michigan Department of Health and Human Services’ (MDHHS) Children’s Services Agency has recently conducted a series of presentations in Michigan’s counties to discuss county-level ChildStat data on outcomes for children in care. Useful aspects of the presentations include in-depth discussions about specific data elements and strategies for improving outcomes, regular engagement with MDHHS leaders about the data, increased awareness of MDHHS’s outcome expectations, and increased awareness of data elements that may not have been targeted for

⁷ Please note there were considerably more respondents from some agencies than others (cross-agency patterns may be influenced heavily by the majority of respondents), and agencies use different satisfaction surveys.

⁸ https://arborcircle.org/wp-content/uploads/2018/08/WM.LGBTQ_Youth.Homelessness.Community.Plan.Final.pdf

⁹ https://arborcircle.org/wp-content/uploads/2018/05/Safe_Impact_Brochure.pdf

¹⁰ Pryce et al., (2019).

improvement. Some respondents, from private agencies in all three counties, indicated that they were not aware of or did not use ChildStat data.

Interagency Collaboration. Private agency staff in Kent County have limited interaction with DHHS staff, mainly because WMPC facilitates case coordination. Some respondents expressed the desire for more face-to-face interaction with DHHS staff. Respondents from private agencies in the comparison counties described interactions with DHHS staff as collegial overall but also challenging at times (e.g., lack of empathic communication). Caseworkers and supervisors from comparison county DHHS agencies expressed frustration that staff at some private agencies are “selective” about which open cases they will manage. The case management structure in Kent County, with WMPC as the facilitator between Kent County DHHS and the private agencies, may help mitigate the types of issues described by DHHS agency staff in Ingham and Oakland Counties.

“I don't mind court being hard on us because they're hard on everyone the exact same way. They expect everyone to be able to work as hard as they can on behalf of our clients.”

– Private agency supervisor

Interview and focus group respondents in all three counties described court representatives as “advocates” and “champions” for children in care, as well as “open to having really good discussions” about child welfare case challenges. Respondents also reported that courts and judges have different policies, practices, or expectations, which can be difficult for agency staff to navigate. Other partners that play pivotal roles in child welfare case management across counties include

agencies or organizations that provide mental health services and substance use screening and treatment, service providers located in private child welfare agencies, and agencies or organizations that provide support services for families (e.g., parenting classes).

Challenges and Facilitators. Two factors were described as both a facilitator and a challenge to service provision: service and resource availability; and agency staffing and support. Some respondents in Ingham and Oakland Counties found it helpful to have service providers within their agency or in the same building (increased service accessibility), while others perceive that there are inadequate community services and resources (e.g., transportation). Additionally, private agency staff in Ingham and Oakland Counties appreciate their respective agency’s positive culture and climate (e.g., flexible work schedules), while several respondents in Kent, Ingham, and Oakland Counties described tremendous job-related stress coupled with insufficient support.

Respondents in Ingham and Oakland Counties described inconsistent messaging about policies, noted that it may be difficult to apply certain policies, and stated there is often inadequate explication of key policies and expectations. Respondents perceived that these challenges often result in multiple interpretations of the same information or confusion about how to apply the policy or meet agency expectations. Private agency staff in the comparison counties also discussed the challenges to serving families in multiple counties. They must be aware of and able to navigate the policies and expectations established for each county’s partner agencies or organizations.

Challenges and Facilitators Related to COVID-19. After the onset of the COVID-19 pandemic, some services were temporarily discontinued or had limited availability. Court hearings are held

"It's not that the pieces of the job can't be done virtually, but they lose that support piece that's so critical to doing the work."

– Private agency director

virtually or are often delayed, and presiding judges or attorneys can request that hearings be held in person, leading to subsequent delays in permanency. Additionally, it has been difficult to virtually engage families (e.g., some families may not have a computer or internet access), recruit foster families (e.g., agencies are unable to conduct community events), and license foster homes (e.g., families often withdraw from the process), and some licensed foster families are unwilling to accept placements during

the pandemic. As new agency policies and procedures emerge to address changing state or local pandemic-related conditions, respondents suggested that information about them should be communicated in a more timely manner and with more detailed guidance.

Respondents also described benefits of some pandemic-related adjustments in agency policies and service delivery. Across counties, respondents noted that agencies were able to implement necessary process and procedural changes effectively because of positive collaborative functioning and frequent communication. Additionally, agency staff found the communication from MDHHS about pandemic-related policies and resources to be very helpful. The communication has included weekly calls with child welfare agency directors and supervisors throughout the state and virtual "Town Hall" meetings for parents with children in care. Additionally, respondents observed increased attendance from attorneys and parents at family team meetings and in court hearings, as well as increased parent participation in services and activities (e.g., mental health, trainings, support groups). They surmised that increased attendance was due to the convenience and accessibility of remote participation (e.g., fewer scheduling conflicts). A court representative stated that virtual hearings are *"really good, particularly, for the public, because it makes us a lot more accessible than normal."*

"Transportation is a huge barrier for a lot of our clients and a lot of our families. And being able to complete some services online has assisted some of the parents."

– DHHS supervisor

E4. Conclusions and Next Steps

Summary of Findings. Fiscal trends during the baseline period—3 years prior to the implementation of the Kent Model—were characterized by rising costs, with much of that increase driven by a rise in maintenance costs and CCI maintenance costs in particular. This rising cost trajectory continued through FY 2018. In FY 2019, overall child welfare expenditures continued to rise by a smaller annual percentage and maintenance costs plateaued. Placement administrative costs continued to rise but at a slower rate. The slowing in placement maintenance costs is notable and coincides with a shift in care-day utilization. Impacted by significant dips in care-day utilization, due in large part to the COVID-19 pandemic, Kent County child welfare expenditures saw a large decline in FY 2020.



To what extent has the collection of system-wide changes to policies and practices in Kent County, as a result of Kent Model implementation, led to changes in child and family outcomes? Although the differences between the treatment group (children in Kent County) and a matched comparison group (children in other Michigan counties) in the length of stay in care, time to permanency, and

reentry into care after being discharged were not statistically significant, children in Kent County spent fewer days in care, were more likely to achieve permanency within 6 months of entering care, and were less likely to return to care after being discharged than children in comparison counties. Additionally, children in Kent County who entered care after 10/1/2017 are significantly less likely to exit to adoption and significantly more likely to exit to guardianship as compared with children in the comparison groups.

Interview and focus group respondents stated that WMPC established a parent planner peer mentorship position (using funding Network 180 allocated from a Substance Abuse and Mental Health Services Administration grant), the Care Coordination team formalized policies and procedures to increase agency staff efficiency, and WMPC requires extensive documentation for service requests to ensure alignment with family goals. These recent changes, coupled with continued use of EFC, which has been praised for its benefits for families, are expected to lead to improved service delivery and increase the timeliness of targeted support to families.

Next Steps. The cost study team explicated how child and fiscal trends have been affected by the COVID-19 pandemic during FY 2020 and will continue to track trend changes during the pandemic for the next annual report. The outcome study team will also continue analyzing data on safety, permanency, and stability among children in care in Kent County and comparison counties to determine if the trends remain consistent and if more statistically significant group differences emerge. Last year's annual report focused exclusively on Kent County for the process evaluation, while this year's report summarizes child welfare processes in Kent, Ingham, and Oakland Counties. The process evaluation team will again obtain data from agency staff and partners in all three counties next year to observe and document important differences among the counties in policies, procedures, and practices, as well as differences in *how* they are applied across counties.

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